Type of Code	Code	Description
CPT-I	00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
CPT-I	01999	Unlisted anesthesia procedure(s)
CPT-I	11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
CPT-I	11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
CPT-I	11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
CPT-I	11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
CPT-I	11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
CPT-I	11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
CPT-I	11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
CPT-I	11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
CPT-I	11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
CPT-I	11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
CPT-I	11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
CPT-I	11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
CPT-I	11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
CPT-I	11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
CPT-I	11970	Replacement of tissue expander with permanent implant
CPT-I	14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
CPT-I	14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
CPT-I	14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
CPT-I	14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm

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Type of Code	Code	Description
CPT-I	14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
CPT-I	14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
CPT-I	14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
CPT-I	14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
CPT-I	14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
CPT-I	14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
CPT-I	15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
CPT-I	15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
CPT-I	15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)
CPT-I	15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
CPT-I	15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)
CPT-I	15775	Punch graft for hair transplant; 1 to 15 punch grafts
CPT-I	15776	Punch graft for hair transplant; more than 15 punch grafts
CPT-I	15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)
CPT-I	15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
CPT-I	15781	Dermabrasion; segmental, face
CPT-I	15782	Dermabrasion; regional, other than face
CPT-I	15783	Dermabrasion; superficial, any site (eg, tattoo removal)

Type of Code	Code	Description
CPT-I	15786	Abrasion; single lesion (eg, keratosis, scar)
CPT-I	15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
CPT-I	15788	Chemical peel, facial; epidermal
CPT-I	15789	Chemical peel, facial; dermal
CPT-I	15792	Chemical peel, nonfacial; epidermal
CPT-I	15793	Chemical peel, nonfacial; dermal
CPT-I	15819	Cervicoplasty
CPT-I	15820	Blepharoplasty, lower eyelid
CPT-I	15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
CPT-I	15822	Blepharoplasty, upper eyelid
CPT-I	15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
CPT-I	15824	Rhytidectomy; forehead
CPT-I	15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
CPT-I	15826	Rhytidectomy; glabellar frown lines
CPT-I	15828	Rhytidectomy; cheek, chin, and neck
CPT-I	15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
CPT-I	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
CPT-I	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
CPT-I	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
CPT-I	15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
CPT-I	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
CPT-I	15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
CPT-I	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
CPT-I	15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
CPT-I	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
CPT-I	15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)

Type of Code	Code	Description
CPT-I	15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
CPT-I	15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique
CPT-I	15845	Graft for facial nerve paralysis; regional muscle transfer
CPT-I	15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
CPT-I	15876	Suction assisted lipectomy; head and neck
CPT-I	15877	Suction assisted lipectomy; trunk
CPT-I	15878	Suction assisted lipectomy; upper extremity
CPT-I	15879	Suction assisted lipectomy; lower extremity
CPT-I	15999	Unlisted procedure, excision pressure ulcer
CPT-I	17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
CPT-I	17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
CPT-I	17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
CPT-I	17340	Cryotherapy (CO2 slush, liquid N2) for acne
CPT-I	17360	Chemical exfoliation for acne (eg, acne paste, acid)
CPT-I	17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
CPT-I	19300	Mastectomy for gynecomastia
CPT-I	19316	Mastopexy
CPT-I	19318	Breast reduction
CPT-I	19325	Breast augmentation with implant
CPT-I	19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy
CPT-I	19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
CPT-I	19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)
CPT-I	19396	Preparation of moulage for custom breast implant

Type of Code	Code	Description
CPT-I	19499	Unlisted procedure, breast
CPT-I	20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)
CPT-I	20701	Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)
CPT-I	20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)
CPT-I	20703	Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)
CPT-I	20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)
CPT-I	20705	Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)
CPT-I	20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)
CPT-I	20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)
CPT-I	20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)
CPT-I	20999	Unlisted procedure, musculoskeletal system, general
CPT-I	21010	Arthrotomy, temporomandibular joint
CPT-I	21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm
CPT-I	21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater
CPT-I	21050	Condylectomy, temporomandibular joint (separate procedure)
CPT-I	21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
CPT-I	21070	Coronoidectomy (separate procedure)
CPT-I	21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
CPT-I	21076	Impression and custom preparation; surgical obturator prosthesis

Type of Code	Code	Description
CPT-I	21077	Impression and custom preparation; orbital prosthesis
CPT-I	21079	Impression and custom preparation; interim obturator prosthesis
CPT-I	21080	Impression and custom preparation; definitive obturator prosthesis
CPT-I	21081	Impression and custom preparation; mandibular resection prosthesis
CPT-I	21082	Impression and custom preparation; palatal augmentation prosthesis
CPT-I	21083	Impression and custom preparation; palatal lift prosthesis
CPT-I	21084	Impression and custom preparation; speech aid prosthesis
CPT-I	21085	Impression and custom preparation; oral surgical splint
CPT-I	21086	Impression and custom preparation; auricular prosthesis
CPT-I	21087	Impression and custom preparation; nasal prosthesis
CPT-I	21088	Impression and custom preparation; facial prosthesis
CPT-I	21089	Unlisted maxillofacial prosthetic procedure
CPT-I	21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
CPT-I	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
CPT-I	21121	Genioplasty; sliding osteotomy, single piece
CPT-I	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
CPT-I	21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
CPT-I	21125	Augmentation, mandibular body or angle; prosthetic material
CPT-I	21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
CPT-I	21137	Reduction forehead; contouring only
CPT-I	21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
CPT-I	21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
CPT-I	21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft

Type of Code	Code	Description
CPT-I	21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
CPT-I	21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
CPT-I	21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
CPT-I	21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
CPT-I	21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
CPT-I	21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
CPT-I	21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
CPT-I	21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
CPT-I	21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
CPT-I	21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
CPT-I	21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
CPT-I	21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
CPT-I	21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
CPT-I	21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
CPT-I	21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
CPT-I	21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial

Type of Code	Code	Description
CPT-I	21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
CPT-I	21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm
CPT-I	21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm
CPT-I	21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
CPT-I	21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
CPT-I	21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
CPT-I	21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
CPT-I	21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
CPT-I	21198	Osteotomy, mandible, segmental
CPT-I	21199	Osteotomy, mandible, segmental; with genioglossus advancement
CPT-I	21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
CPT-I	21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
CPT-I	21209	Osteoplasty, facial bones; reduction
CPT-I	21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
CPT-I	21215	Graft, bone; mandible (includes obtaining graft)
CPT-I	21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
CPT-I	21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
CPT-I	21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
CPT-I	21242	Arthroplasty, temporomandibular joint, with allograft
CPT-I	21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement

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Type of Code	Code	Description
CPT-I	21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
CPT-I	21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
CPT-I	21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
CPT-I	21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
CPT-I	21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
CPT-I	21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
CPT-I	21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
CPT-I	21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
CPT-I	21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
CPT-I	21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
CPT-I	21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
CPT-I	21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
CPT-I	21270	Malar augmentation, prosthetic material
CPT-I	21275	Secondary revision of orbitocraniofacial reconstruction
CPT-I	21280	Medial canthopexy (separate procedure)
CPT-I	21282	Lateral canthopexy
CPT-I	21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
CPT-I	21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
CPT-I	21299	Unlisted craniofacial and maxillofacial procedure
CPT-I	21499	Unlisted musculoskeletal procedure, head
CPT-I	21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater
CPT-I	21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm

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Type of Code	Code	Description
CPT-I	21740	Reconstructive repair of pectus excavatum or carinatum; open
CPT-I	21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
CPT-I	21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
CPT-I	21899	Unlisted procedure, neck or thorax
CPT-I	21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater
CPT-I	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
CPT-I	22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
CPT-I	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
CPT-I	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)
CPT-I	22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
CPT-I	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2
CPT-I	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)
CPT-I	22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
CPT-I	22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic

Type of Code	Code	Description
CPT-I	22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
CPT-I	22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
CPT-I	22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
CPT-I	22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)
CPT-I	22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)
CPT-I	22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment
CPT-I	22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)
CPT-I	22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)
CPT-I	22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)
CPT-I	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;
CPT-I	22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)
CPT-I	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;
CPT-I	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)
CPT-I	22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
CPT-I	22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments

Type of Code	Code	Description
CPT-I	22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
CPT-I	22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
CPT-I	22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments
CPT-I	22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
CPT-I	22899	Unlisted procedure, spine
CPT-I	22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm
CPT-I	22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater
CPT-I	22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm
CPT-I	22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater
CPT-I	22999	Unlisted procedure, abdomen, musculoskeletal system
CPT-I	23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater
CPT-I	23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater
CPT-I	23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm
CPT-I	23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm
CPT-I	23470	Arthroplasty, glenohumeral joint; hemiarthroplasty
CPT-I	23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
CPT-I	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
CPT-I	23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
CPT-I	23800	Arthrodesis, glenohumeral joint
CPT-I	23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)
CPT-I	23929	Unlisted procedure, shoulder
CPT-I	24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater
CPT-I	24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater
CPT-I	24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm
CPT-I	24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm
CPT-I	24102	Arthrotomy, elbow; with synovectomy

Type of Code	Code	Description
CPT-I	24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components
CPT-I	24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head
CPT-I	24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)
CPT-I	24330	Flexor-plasty, elbow (eg, Steindler type advancement)
CPT-I	24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement
CPT-I	24360	Arthroplasty, elbow; with membrane (eg, fascial)
CPT-I	24361	Arthroplasty, elbow; with distal humeral prosthetic replacement
CPT-I	24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction
CPT-I	24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)
CPT-I	24365	Arthroplasty, radial head
CPT-I	24366	Arthroplasty, radial head; with implant
CPT-I	24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component
CPT-I	24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component
CPT-I	24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)
CPT-I	24498	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft
CPT-I	24940	Cineplasty, upper extremity, complete procedure
CPT-I	24999	Unlisted procedure, humerus or elbow
CPT-I	25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation
CPT-I	25335	Centralization of wrist on ulna (eg, radial club hand)
CPT-I	25441	Arthroplasty with prosthetic replacement; distal radius
CPT-I	25442	Arthroplasty with prosthetic replacement; distal ulna
CPT-I	25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)
CPT-I	25444	Arthroplasty with prosthetic replacement; lunate
CPT-I	25445	Arthroplasty with prosthetic replacement; trapezium
CPT-I	25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)

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Type of Code	Code	Description
CPT-I	25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints
CPT-I	25449	Revision of arthroplasty, including removal of implant, wrist joint
CPT-I	25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)
CPT-I	25805	Arthrodesis, wrist; with sliding graft
CPT-I	25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)
CPT-I	25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)
CPT-I	25825	Arthrodesis, wrist; with autograft (includes obtaining graft)
CPT-I	25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)
CPT-I	25915	Krukenberg procedure
CPT-I	25999	Unlisted procedure, forearm or wrist
CPT-I	26530	Arthroplasty, metacarpophalangeal joint; each joint
CPT-I	26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint
CPT-I	26535	Arthroplasty, interphalangeal joint; each joint
CPT-I	26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
CPT-I	26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft
CPT-I	26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single
CPT-I	26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double
CPT-I	26555	Transfer, finger to another position without microvascular anastomosis
CPT-I	26556	Transfer, free toe joint, with microvascular anastomosis
CPT-I	26568	Osteoplasty, lengthening, metacarpal or phalanx
CPT-I	26580	Repair cleft hand
CPT-I	26587	Reconstruction of polydactylous digit, soft tissue and bone
CPT-I	26590	Repair macrodactylia, each digit
CPT-I	26989	Unlisted procedure, hands or fingers
CPT-I	27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater

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Type of Code	Code	Description
CPT-I	27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm
CPT-I	27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm
CPT-I	27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
CPT-I	27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)
CPT-I	27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
CPT-I	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
CPT-I	27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
CPT-I	27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
CPT-I	27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
CPT-I	27138	Revision of total hip arthroplasty; femoral component only, with or without allograft
CPT-I	27299	Unlisted procedure, pelvis or hip joint
CPT-I	27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm
CPT-I	27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm
CPT-I	27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater
CPT-I	27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater
CPT-I	27437	Arthroplasty, patella; without prosthesis
CPT-I	27438	Arthroplasty, patella; with prosthesis
CPT-I	27440	Arthroplasty, knee, tibial plateau
CPT-I	27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
CPT-I	27442	Arthroplasty, femoral condyles or tibial plateau(s), knee
CPT-I	27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
CPT-I	27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
CPT-I	27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
CPT-I	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)

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Type of Code	Code	Description
CPT-I	27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure
CPT-I	27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure
CPT-I	27486	Revision of total knee arthroplasty, with or without allograft; 1 component
CPT-I	27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
CPT-I	27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee
CPT-I	27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur
CPT-I	27599	Unlisted procedure, femur or knee
CPT-I	27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm
CPT-I	27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm
CPT-I	27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater
CPT-I	27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater
CPT-I	27700	Arthroplasty, ankle
CPT-I	27702	Arthroplasty, ankle; with implant (total ankle)
CPT-I	27703	Arthroplasty, ankle; revision, total ankle
CPT-I	27715	Osteoplasty, tibia and fibula, lengthening or shortening
CPT-I	27727	Repair of congenital pseudarthrosis, tibia
CPT-I	27899	Unlisted procedure, leg or ankle
CPT-I	28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater
CPT-I	28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater
CPT-I	28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm
CPT-I	28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm
CPT-I	28060	Fasciectomy, plantar fascia; partial (separate procedure)
CPT-I	28080	Excision, interdigital (Morton) neuroma, single, each
CPT-I	28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)

Type of Code	Code	Description
CPT-I	28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)
CPT-I	28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method
CPT-I	28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method
CPT-I	28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
CPT-I	28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method
CPT-I	28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method
CPT-I	28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)
CPT-I	28315	Sesamoidectomy, first toe (separate procedure)
CPT-I	28340	Reconstruction, toe, macrodactyly; soft tissue resection
CPT-I	28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web
CPT-I	28705	Arthrodesis; pantalar
CPT-I	28715	Arthrodesis; triple
CPT-I	28725	Arthrodesis; subtalar
CPT-I	28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse
CPT-I	28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)
CPT-I	28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)
CPT-I	28740	Arthrodesis, midtarsal or tarsometatarsal, single joint
CPT-I	28750	Arthrodesis, great toe; metatarsophalangeal joint
CPT-I	28755	Arthrodesis, great toe; interphalangeal joint

Type of Code	Code	Description
CPT-I	28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)
CPT-I	28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
CPT-I	28899	Unlisted procedure, foot or toes
CPT-I	29799	Unlisted procedure, casting or strapping
CPT-I	29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
CPT-I	29804	Arthroscopy, temporomandibular joint, surgical
CPT-I	29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament
CPT-I	29893	Endoscopic plantar fasciotomy
CPT-I	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
CPT-I	29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
CPT-I	29916	Arthroscopy, hip, surgical; with labral repair
CPT-I	29999	Unlisted procedure, arthroscopy
CPT-I	30130	Excision inferior turbinate, partial or complete, any method
CPT-I	30140	Submucous resection inferior turbinate, partial or complete, any method
CPT-I	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
CPT-I	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
CPT-I	30420	Rhinoplasty, primary; including major septal repair
CPT-I	30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
CPT-I	30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
CPT-I	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
CPT-I	30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
CPT-I	30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies

Type of Code	Code	Description
CPT-I	30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
CPT-I	30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
CPT-I	30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)
CPT-I	30930	Fracture nasal inferior turbinate(s), therapeutic
CPT-I	30999	Unlisted procedure, nose
CPT-I	31002	Lavage by cannulation; sphenoid sinus
CPT-I	31020	Sinusotomy, maxillary (antrotomy); intranasal
CPT-I	31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps
CPT-I	31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps
CPT-I	31050	Sinusotomy, sphenoid, with or without biopsy
CPT-I	31051	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)
CPT-I	31070	Sinusotomy frontal; external, simple (trephine operation)
CPT-I	31075	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)
CPT-I	31080	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)
CPT-I	31081	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)
CPT-I	31084	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision
CPT-I	31085	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision
CPT-I	31086	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision
CPT-I	31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision
CPT-I	31090	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)
CPT-I	31200	Ethmoidectomy; intranasal, anterior
CPT-I	31201	Ethmoidectomy; intranasal, total
CPT-I	31205	Ethmoidectomy; extranasal, total
CPT-I	31230	Maxillectomy; with orbital exenteration (en bloc)
CPT-I	31233	Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
CPT-I	31235	Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)

Type of Code	Code	Description
CPT-I	31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
CPT-I	31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)
CPT-I	31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)
CPT-I	31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy
CPT-I	31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus
CPT-I	31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed
CPT-I	31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy
CPT-I	31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
CPT-I	31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa
CPT-I	31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium
CPT-I	31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium
CPT-I	31299	Unlisted procedure, accessory sinuses
CPT-I	31599	Unlisted procedure, larynx
CPT-I	31899	Unlisted procedure, trachea, bronchi
CPT-I	32664	Thoracoscopy, surgical; with thoracic sympathectomy
CPT-I	32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
CPT-I	32851	Lung transplant, single; without cardiopulmonary bypass
CPT-I	32852	Lung transplant, single; with cardiopulmonary bypass
CPT-I	32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass
CPT-I	32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass
CPT-I	32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral

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Type of Code	Code	Description
CPT-I	32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral
CPT-I	32999	Unlisted procedure, lungs and pleura
CPT-I	33240	Insertion of implantable defibrillator pulse generator only; with existing single lead
CPT-I	33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber
CPT-I	33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
CPT-I	33930	Donor cardiectomy-pneumonectomy (including cold preservation)
CPT-I	33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation
CPT-I	33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy
CPT-I	33940	Donor cardiectomy (including cold preservation)
CPT-I	33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation
CPT-I	33945	Heart transplant, with or without recipient cardiectomy
CPT-I	33999	Unlisted procedure, cardiac surgery
CPT-I	36299	Unlisted procedure, vascular injection
CPT-I	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)

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Type of Code	Code	Description
CPT-I	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
CPT-I	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
CPT-I	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
CPT-I	36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
CPT-I	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
CPT-I	36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
CPT-I	36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
CPT-I	36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
CPT-I	36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
CPT-I	36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
CPT-I	37501	Unlisted vascular endoscopy procedure
CPT-I	37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions

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Type of Code	Code	Description
CPT-I	37718	Ligation, division, and stripping, short saphenous vein
CPT-I	37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
CPT-I	37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
CPT-I	37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg
CPT-I	37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
CPT-I	37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
CPT-I	37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
CPT-I	37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
CPT-I	37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
CPT-I	37788	Penile revascularization, artery, with or without vein graft
CPT-I	37790	Penile venous occlusive procedure
CPT-I	37799	Unlisted procedure, vascular surgery
CPT-I	38129	Unlisted laparoscopy procedure, spleen
CPT-I	38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition
CPT-I	38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic
CPT-I	38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous
CPT-I	38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage
CPT-I	38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor
CPT-I	38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor
CPT-I	38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion
CPT-I	38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion
CPT-I	38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal
CPT-I	38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion
CPT-I	38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion

Type of Code	Code	Description
CPT-I	38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer
CPT-I	38230	Bone marrow harvesting for transplantation; allogeneic
CPT-I	38232	Bone marrow harvesting for transplantation; autologous
CPT-I	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
CPT-I	38241	Hematopoietic progenitor cell (HPC); autologous transplantation
CPT-I	38243	Hematopoietic progenitor cell (HPC); HPC boost
CPT-I	38589	Unlisted laparoscopy procedure, lymphatic system
CPT-I	38999	Unlisted procedure, hemic or lymphatic system
CPT-I	39499	Unlisted procedure, mediastinum
CPT-I	39599	Unlisted procedure, diaphragm
CPT-I	40500	Vermilionectomy (lip shave), with mucosal advancement
CPT-I	40510	Excision of lip; transverse wedge excision with primary closure
CPT-I	40520	Excision of lip; V-excision with primary direct linear closure
CPT-I	40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)
CPT-I	40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
CPT-I	40530	Resection of lip, more than one-fourth, without reconstruction
CPT-I	40650	Repair lip, full thickness; vermilion only
CPT-I	40652	Repair lip, full thickness; up to half vertical height
CPT-I	40654	Repair lip, full thickness; over one-half vertical height, or complex
CPT-I	40799	Unlisted procedure, lips
CPT-I	40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)
CPT-I	40899	Unlisted procedure, vestibule of mouth
CPT-I	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application
CPT-I	41599	Unlisted procedure, tongue, floor of mouth
CPT-I	41820	Gingivectomy, excision gingiva, each quadrant

Type of Code	Code	Description
CPT-I	41821	Operculectomy, excision pericoronal tissues
CPT-I	41822	Excision of fibrous tuberosities, dentoalveolar structures
CPT-I	41823	Excision of osseous tuberosities, dentoalveolar structures
CPT-I	41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
CPT-I	41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair
CPT-I	41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair
CPT-I	41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
CPT-I	41830	Alveolectomy, including curettage of osteitis or sequestrectomy
CPT-I	41850	Destruction of lesion (except excision), dentoalveolar structures
CPT-I	41870	Periodontal mucosal grafting
CPT-I	41872	Gingivoplasty, each quadrant (specify)
CPT-I	41874	Alveoloplasty, each quadrant (specify)
CPT-I	41899	Unlisted procedure, dentoalveolar structures
CPT-I	42140	Uvulectomy, excision of uvula
CPT-I	42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
CPT-I	42280	Maxillary impression for palatal prosthesis
CPT-I	42281	Insertion of pin-retained palatal prosthesis
CPT-I	42299	Unlisted procedure, palate, uvula
CPT-I	42699	Unlisted procedure, salivary glands or ducts
CPT-I	42820	Tonsillectomy and adenoidectomy; younger than age 12
CPT-I	42821	Tonsillectomy and adenoidectomy; age 12 or over
CPT-I	42825	Tonsillectomy, primary or secondary; younger than age 12
CPT-I	42826	Tonsillectomy, primary or secondary; age 12 or over
CPT-I	42830	Adenoidectomy, primary; younger than age 12
CPT-I	42831	Adenoidectomy, primary; age 12 or over
CPT-I	42835	Adenoidectomy, secondary; younger than age 12

Type of Code	Code	Description
CPT-I	42836	Adenoidectomy, secondary; age 12 or over
CPT-I	42890	Limited pharyngectomy
CPT-I	42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls
CPT-I	42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis
CPT-I	42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)
CPT-I	42999	Unlisted procedure, pharynx, adenoids, or tonsils
CPT-I	43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)
CPT-I	43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)
CPT-I	43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire
CPT-I	43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
CPT-I	43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy
CPT-I	43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi
CPT-I	43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)
CPT-I	43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)
CPT-I	43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
CPT-I	43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed
CPT-I	43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
CPT-I	43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh

Type of Code	Code	Description
CPT-I	43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh
CPT-I	43289	Unlisted laparoscopy procedure, esophagus
CPT-I	43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis
CPT-I	43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis
CPT-I	43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis
CPT-I	43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis
CPT-I	43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis
CPT-I	43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis
CPT-I	43499	Unlisted procedure, esophagus
CPT-I	43621	Gastrectomy, total; with Roux-en-Y reconstruction
CPT-I	43659	Unlisted laparoscopy procedure, stomach
CPT-I	43999	Unlisted procedure, stomach
CPT-I	44132	Donor enterectomy (including cold preservation), open; from cadaver donor
CPT-I	44133	Donor enterectomy (including cold preservation), open; partial, from living donor
CPT-I	44135	Intestinal allotransplantation; from cadaver donor
CPT-I	44136	Intestinal allotransplantation; from living donor
CPT-I	44137	Removal of transplanted intestinal allograft, complete
CPT-I	44238	Unlisted laparoscopy procedure, intestine (except rectum)
CPT-I	44799	Unlisted procedure, small intestine
CPT-I	44899	Unlisted procedure, Meckel's diverticulum and the mesentery

Type of Code	Code	Description
CPT-I	44979	Unlisted laparoscopy procedure, appendix
CPT-I	45399	Unlisted procedure, colon
CPT-I	45499	Unlisted laparoscopy procedure, rectum
CPT-I	45560	Repair of rectocele (separate procedure)
CPT-I	45999	Unlisted procedure, rectum
CPT-I	46500	Injection of sclerosing solution, hemorrhoids
CPT-I	46505	Chemodenervation of internal anal sphincter
CPT-I	46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse
CPT-I	46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant
CPT-I	46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)
CPT-I	46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance
CPT-I	46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups, without imaging guidance
CPT-I	46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling
CPT-I	46999	Unlisted procedure, anus
CPT-I	47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age
CPT-I	47379	Unlisted laparoscopic procedure, liver
CPT-I	47399	Unlisted procedure, liver
CPT-I	47579	Unlisted laparoscopy procedure, biliary tract
CPT-I	47999	Unlisted procedure, biliary tract
CPT-I	48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells
CPT-I	48554	Transplantation of pancreatic allograft
CPT-I	48556	Removal of transplanted pancreatic allograft
CPT-I	48999	Unlisted procedure, pancreas
CPT-I	49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
CPT-I	49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum

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Type of Code	Code	Description
CPT-I	49540	Repair lumbar hernia
CPT-I	49550	Repair initial femoral hernia, any age; reducible
CPT-I	49555	Repair recurrent femoral hernia; reducible
CPT-I	49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)
CPT-I	49585	Repair umbilical hernia, age 5 years or older; reducible
CPT-I	49590	Repair spigelian hernia
CPT-I	49600	Repair of small omphalocele, with primary closure
CPT-I	49611	Repair of omphalocele (Gross type operation); second stage
CPT-I	49650	Laparoscopy, surgical; repair initial inguinal hernia
CPT-I	49651	Laparoscopy, surgical; repair recurrent inguinal hernia
CPT-I	49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible
CPT-I	49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible
CPT-I	49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible
CPT-I	49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
CPT-I	49999	Unlisted procedure, abdomen, peritoneum and omentum
CPT-I	50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral
CPT-I	50320	Donor nephrectomy (including cold preservation); open, from living donor
CPT-I	50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy
CPT-I	50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy
CPT-I	50370	Removal of transplanted renal allograft
CPT-I	50380	Renal autotransplantation, reimplantation of kidney
CPT-I	50549	Unlisted laparoscopy procedure, renal
CPT-I	50700	Ureteroplasty, plastic operation on ureter (eg, stricture)
CPT-I	50949	Unlisted laparoscopy procedure, ureter
CPT-I	51990	Laparoscopy, surgical; urethral suspension for stress incontinence
CPT-I	51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)

Type of Code	Code	Description
CPT-I	51999	Unlisted laparoscopy procedure, bladder
CPT-I	53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy
CPT-I	53899	Unlisted procedure, urinary system
CPT-I	54125	Amputation of penis; complete
CPT-I	54360	Plastic operation on penis to correct angulation
CPT-I	54699	Unlisted laparoscopy procedure, testis
CPT-I	55175	Scrotoplasty; simple
CPT-I	55180	Scrotoplasty; complicated
CPT-I	55559	Unlisted laparoscopy procedure, spermatic cord
CPT-I	55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance
CPT-I	55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
CPT-I	55970	Intersex surgery; male to female
CPT-I	55980	Intersex surgery; female to male
CPT-I	56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
CPT-I	56620	Vulvectomy simple; partial
CPT-I	56625	Vulvectomy simple; complete
CPT-I	56800	Plastic repair of introitus
CPT-I	56805	Clitoroplasty for intersex state
CPT-I	57106	Vaginectomy, partial removal of vaginal wall
CPT-I	57110	Vaginectomy, complete removal of vaginal wall
CPT-I	57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)
CPT-I	57288	Sling operation for stress incontinence (eg, fascia or synthetic)
CPT-I	57291	Construction of artificial vagina; without graft
CPT-I	57292	Construction of artificial vagina; with graft
CPT-I	57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach

Type of Code	Code	Description
CPT-I	58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
CPT-I	58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)
CPT-I	58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
CPT-I	58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)
CPT-I	58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)
CPT-I	58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
CPT-I	58260	Vaginal hysterectomy, for uterus 250 g or less
CPT-I	58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
CPT-I	58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
CPT-I	58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
CPT-I	58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
CPT-I	58275	Vaginal hysterectomy, with total or partial vaginectomy
CPT-I	58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
CPT-I	58285	Vaginal hysterectomy, radical (Schauta type operation)
CPT-I	58290	Vaginal hysterectomy, for uterus greater than 250 g
CPT-I	58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
CPT-I	58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele

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Type of Code	Code	Description
CPT-I	58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
CPT-I	58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
CPT-I	58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
CPT-I	58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
CPT-I	58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
CPT-I	58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas
CPT-I	58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g
CPT-I	58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed
CPT-I	58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less
CPT-I	58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
CPT-I	58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g
CPT-I	58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
CPT-I	58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less
CPT-I	58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
CPT-I	58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g
CPT-I	58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
CPT-I	58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed
CPT-I	58578	Unlisted laparoscopy procedure, uterus

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Type of Code	Code	Description
CPT-I	58579	Unlisted hysteroscopy procedure, uterus
CPT-I	58679	Unlisted laparoscopy procedure, oviduct, ovary
CPT-I	58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy
CPT-I	58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking
CPT-I	58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy
CPT-I	58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy
CPT-I	58999	Unlisted procedure, female genital system (nonobstetrical)
CPT-I	59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed
CPT-I	59898	Unlisted laparoscopy procedure, maternity care and delivery
CPT-I	59899	Unlisted procedure, maternity care and delivery
CPT-I	60659	Unlisted laparoscopy procedure, endocrine system
CPT-I	60699	Unlisted procedure, endocrine system
CPT-I	61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)
CPT-I	61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring
CPT-I	61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring
CPT-I	61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery
CPT-I	61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)
CPT-I	61536	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)

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Type of Code	Code	Description
CPT-I	61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery
CPT-I	61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery
CPT-I	61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery
CPT-I	61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery
CPT-I	61550	Craniectomy for craniosynostosis; single cranial suture
CPT-I	61552	Craniectomy for craniosynostosis; multiple cranial sutures
CPT-I	61556	Craniotomy for craniosynostosis; frontal or parietal bone flap
CPT-I	61557	Craniotomy for craniosynostosis; bifrontal bone flap
CPT-I	61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts
CPT-I	61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)
CPT-I	61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring
CPT-I	61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
CPT-I	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)
CPT-I	61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
CPT-I	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)
CPT-I	61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
CPT-I	61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
CPT-I	61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical

Type of Code	Code	Description
CPT-I	61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array
CPT-I	61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
CPT-I	61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array
CPT-I	61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
CPT-I	61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
CPT-I	61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
CPT-I	62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty
CPT-I	62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
CPT-I	62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
CPT-I	62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes
CPT-I	62284	Injection procedure for myelography and/or computed tomography, lumbar

Type of Code	Code	Description
CPT-I	62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal
CPT-I	62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical
CPT-I	62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic
CPT-I	62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral
CPT-I	62305	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)
CPT-I	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
CPT-I	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
CPT-I	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
CPT-I	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
CPT-I	62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
CPT-I	62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy
CPT-I	62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
CPT-I	62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump
CPT-I	62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
CPT-I	63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical

Type of Code	Code	Description
CPT-I	63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis
CPT-I	63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
CPT-I	63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical
CPT-I	63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic
CPT-I	63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar
CPT-I	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
CPT-I	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
CPT-I	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
CPT-I	63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
CPT-I	63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
CPT-I	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)
CPT-I	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)

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Type of Code	Code	Description
CPT-I	63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical
CPT-I	63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic
CPT-I	63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar
CPT-I	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
CPT-I	63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments
CPT-I	63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)
CPT-I	63185	Laminectomy with rhizotomy; 1 or 2 segments
CPT-I	63190	Laminectomy with rhizotomy; more than 2 segments
CPT-I	63191	Laminectomy with section of spinal accessory nerve
CPT-I	63200	Laminectomy, with release of tethered spinal cord, lumbar
CPT-I	63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
CPT-I	63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic
CPT-I	63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar
CPT-I	63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
CPT-I	63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
CPT-I	63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
CPT-I	63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
CPT-I	63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar
CPT-I	63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical

Type of Code	Code	Description
CPT-I	63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar
CPT-I	63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
CPT-I	63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar
CPT-I	63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level
CPT-I	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
CPT-I	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)
CPT-I	63650	Percutaneous implantation of neurostimulator electrode array, epidural
CPT-I	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
CPT-I	63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
CPT-I	63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
CPT-I	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
CPT-I	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
CPT-I	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
CPT-I	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
CPT-I	64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)
CPT-I	64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve
CPT-I	64418	Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve
CPT-I	64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level
CPT-I	64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)
CPT-I	64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves
CPT-I	64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch

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Type of Code	Code	Description
CPT-I	64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)
CPT-I	64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)
CPT-I	64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)
CPT-I	64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level
CPT-I	64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
CPT-I	64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level
CPT-I	64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
CPT-I	64505	Injection, anesthetic agent; sphenopalatine ganglion
CPT-I	64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
CPT-I	64517	Injection, anesthetic agent; superior hypogastric plexus
CPT-I	64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
CPT-I	64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
CPT-I	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
CPT-I	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
CPT-I	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
CPT-I	64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
CPT-I	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
CPT-I	64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)

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Type of Code	Code	Description
CPT-I	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
CPT-I	64585	Revision or removal of peripheral neurostimulator electrode array
CPT-I	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
CPT-I	64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
CPT-I	64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
CPT-I	64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
CPT-I	64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
CPT-I	64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
CPT-I	64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)
CPT-I	64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed
CPT-I	64620	Destruction by neurolytic agent, intercostal nerve
CPT-I	64630	Destruction by neurolytic agent; pudendal nerve
CPT-I	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
CPT-I	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
CPT-I	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
CPT-I	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
CPT-I	64640	Destruction by neurolytic agent; other peripheral nerve or branch
CPT-I	64642	Chemodenervation of one extremity; 1-4 muscle(s)

Type of Code	Code	Description
CPT-I	64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)
CPT-I	64644	Chemodenervation of one extremity; 5 or more muscles
CPT-I	64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)
CPT-I	64647	Chemodenervation of trunk muscle(s); 6 or more muscles
CPT-I	64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus
CPT-I	64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus
CPT-I	64802	Sympathectomy, cervical
CPT-I	64804	Sympathectomy, cervicothoracic
CPT-I	64809	Sympathectomy, thoracolumbar
CPT-I	64818	Sympathectomy, lumbar
CPT-I	64820	Sympathectomy; digital arteries, each digit
CPT-I	64821	Sympathectomy; radial artery
CPT-I	64822	Sympathectomy; ulnar artery
CPT-I	64823	Sympathectomy; superficial palmar arch
CPT-I	64999	Unlisted procedure, nervous system
CPT-I	65785	Implantation of intrastromal corneal ring segments
CPT-I	66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
CPT-I	66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more

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Type of Code	Code	Description
CPT-I	66999	Unlisted procedure, anterior segment of eye
CPT-I	67299	Unlisted procedure, posterior segment
CPT-I	67399	Unlisted procedure, extraocular muscle
CPT-I	67599	Unlisted procedure, orbit
CPT-I	67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
CPT-I	67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
CPT-I	67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
CPT-I	67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
CPT-I	67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
CPT-I	67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
CPT-I	67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
CPT-I	67909	Reduction of overcorrection of ptosis
CPT-I	67911	Correction of lid retraction
CPT-I	67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
CPT-I	67914	Repair of ectropion; suture
CPT-I	67915	Repair of ectropion; thermocauterization
CPT-I	67916	Repair of ectropion; excision tarsal wedge
CPT-I	67917	Repair of ectropion; extensive (eg, tarsal strip operations)
CPT-I	67921	Repair of entropion; suture
CPT-I	67922	Repair of entropion; thermocauterization
CPT-I	67923	Repair of entropion; excision tarsal wedge
CPT-I	67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)
CPT-I	67950	Canthoplasty (reconstruction of canthus)
CPT-I	67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin

Type of Code	Code	Description
CPT-I	67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin
CPT-I	67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage
CPT-I	67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage
CPT-I	67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage
CPT-I	67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
CPT-I	67999	Unlisted procedure, eyelids
CPT-I	68399	Unlisted procedure, conjunctiva
CPT-I	68899	Unlisted procedure, lacrimal system
CPT-I	69300	Otoplasty, protruding ear, with or without size reduction
CPT-I	69399	Unlisted procedure, external ear
CPT-I	69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
CPT-I	69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone
CPT-I	69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor
CPT-I	69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
CPT-I	69717	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor
CPT-I	69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor
CPT-I	69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor
CPT-I	69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor

Type of Code	Code	Description
CPT-I	69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
CPT-I	69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex
CPT-I	69799	Unlisted procedure, middle ear
CPT-I	69930	Cochlear device implantation, with or without mastoidectomy
CPT-I	69949	Unlisted procedure, inner ear
CPT-I	69950	Vestibular nerve section, transcranial approach
CPT-I	69979	Unlisted procedure, temporal bone, middle fossa approach
CPT-I	76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)
CPT-I	76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)
CPT-I	76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
CPT-I	76499	Unlisted diagnostic radiographic procedure
CPT-I	76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)
CPT-I	77299	Unlisted procedure, therapeutic radiology clinical treatment planning
CPT-I	77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
CPT-I	77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
CPT-I	77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
CPT-I	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
CPT-I	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based

Type of Code	Code	Description
CPT-I	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
CPT-I	77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
CPT-I	77499	Unlisted procedure, therapeutic radiology treatment management
CPT-I	77520	Proton treatment delivery; simple, without compensation
CPT-I	77522	Proton treatment delivery; simple, with compensation
CPT-I	77523	Proton treatment delivery; intermediate
CPT-I	77525	Proton treatment delivery; complex
CPT-I	77761	Intracavitary radiation source application; simple
CPT-I	77762	Intracavitary radiation source application; intermediate
CPT-I	77763	Intracavitary radiation source application; complex
CPT-I	77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel
CPT-I	77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
CPT-I	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
CPT-I	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
CPT-I	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
CPT-I	77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed
CPT-I	77790	Supervision, handling, loading of radiation source
CPT-I	77799	Unlisted procedure, clinical brachytherapy
CPT-I	78099	Unlisted endocrine procedure, diagnostic nuclear medicine
CPT-I	78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine

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Type of Code	Code	Description
CPT-I	78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine
CPT-I	78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine
CPT-I	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan
CPT-I	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
CPT-I	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
CPT-I	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability)
CPT-I	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan
CPT-I	78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)
CPT-I	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study
CPT-I	78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)
CPT-I	78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)
CPT-I	78599	Unlisted respiratory procedure, diagnostic nuclear medicine
CPT-I	78608	Brain imaging, positron emission tomography (PET); metabolic evaluation
CPT-I	78609	Brain imaging, positron emission tomography (PET); perfusion evaluation

Type of Code	Code	Description
CPT-I	78699	Unlisted nervous system procedure, diagnostic nuclear medicine
CPT-I	78799	Unlisted genitourinary procedure, diagnostic nuclear medicine
CPT-I	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
CPT-I	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
CPT-I	78813	Positron emission tomography (PET) imaging; whole body
CPT-I	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
CPT-I	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
CPT-I	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
CPT-I	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging
CPT-I	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days
CPT-I	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days
CPT-I	78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
CPT-I	79999	Radiopharmaceutical therapy, unlisted procedure
CPT-I	81099	Unlisted urinalysis procedure

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Type of Code	Code	Description
CPT-I	81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)
CPT-I	81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)
CPT-I	81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)
CPT-I	81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)
CPT-I	81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b [K505E])
CPT-I	81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)
CPT-I	81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)
CPT-I	81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)
CPT-I	81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)
CPT-I	81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)
CPT-I	81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed

Type of Code	Code	Description
CPT-I	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)
CPT-I	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
CPT-I	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
CPT-I	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
CPT-I	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
CPT-I	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
CPT-I	81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed
CPT-I	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain
CPT-I	81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
CPT-I	81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)
CPT-I	81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence
CPT-I	81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant
CPT-I	81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence

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Type of Code	Code	Description
CPT-I	81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)
CPT-I	81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
CPT-I	81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
CPT-I	81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
CPT-I	81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
CPT-I	81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
CPT-I	81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
CPT-I	81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
CPT-I	81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
CPT-I	81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence
CPT-I	81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant
CPT-I	81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
CPT-I	81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
CPT-I	81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence
CPT-I	81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)

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Type of Code	Code	Description
CPT-I	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis
CPT-I	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis
CPT-I	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis
CPT-I	81194	NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis
CPT-I	81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)
CPT-I	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
CPT-I	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
CPT-I	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
CPT-I	81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)
CPT-I	81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, Maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)
CPT-I	81206	BCR/ABL1(t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative
CPT-I	81207	BCR/ABL1(t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative
CPT-I	81208	BCR/ABL1(t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative
CPT-I	81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant
CPT-I	81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)
CPT-I	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants
CPT-I	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant

Type of Code	Code	Description
CPT-I	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
CPT-I	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
CPT-I	81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence
CPT-I	81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9
CPT-I	81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)
CPT-I	81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants
CPT-I	81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants
CPT-I	81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence
CPT-I	81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)
CPT-I	81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)
CPT-I	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)
CPT-I	81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)
CPT-I	81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis
CPT-I	81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)

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Type of Code	Code	Description
CPT-I	81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)
CPT-I	81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)
CPT-I	81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)
CPT-I	81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles
CPT-I	81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)
CPT-I	81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence
CPT-I	81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)
CPT-I	81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence
CPT-I	81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)
CPT-I	81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant
CPT-I	81241	F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant
CPT-I	81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)
CPT-I	81243	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
CPT-I	81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)
CPT-I	81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)

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Type of Code	Code	Description
CPT-I	81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)
CPT-I	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)
CPT-I	81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)
CPT-I	81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence
CPT-I	81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, Type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)
CPT-I	81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence
CPT-I	81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants
CPT-I	81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])
CPT-I	81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)
CPT-I	81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)
CPT-I	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)
CPT-I	81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant
CPT-I	81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence
CPT-I	81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)

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Type of Code	Code	Description
CPT-I	81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)
CPT-I	81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)
CPT-I	81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis
CPT-I	81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)
CPT-I	81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)
CPT-I	81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)
CPT-I	81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection
CPT-I	81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type
CPT-I	81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants
CPT-I	81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
CPT-I	81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)
CPT-I	81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)
CPT-I	81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)

Type of Code	Code	Description
CPT-I	81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities
CPT-I	81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative
CPT-I	81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant
CPT-I	81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles
CPT-I	81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)
CPT-I	81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence
CPT-I	81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis
CPT-I	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis
CPT-I	81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)
CPT-I	81290	MCOLN1 (mucolipin 1) (eg, Mucolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)
CPT-I	81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)
CPT-I	81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
CPT-I	81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
CPT-I	81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
CPT-I	81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
CPT-I	81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
CPT-I	81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants

Type of Code	Code	Description
CPT-I	81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
CPT-I	81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
CPT-I	81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
CPT-I	81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed
CPT-I	81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis
CPT-I	81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant
CPT-I	81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants
CPT-I	81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant
CPT-I	81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)
CPT-I	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence
CPT-I	81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant
CPT-I	81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)
CPT-I	81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants
CPT-I	81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)
CPT-I	81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
CPT-I	81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)

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Type of Code	Code	Description
CPT-I	81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)
CPT-I	81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative
CPT-I	81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative
CPT-I	81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
CPT-I	81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
CPT-I	81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
CPT-I	81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)
CPT-I	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis
CPT-I	81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant
CPT-I	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant
CPT-I	81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis
CPT-I	81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis
CPT-I	81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant
CPT-I	81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)

Type of Code	Code	Description
CPT-I	81330	SMPD1 (sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)
CPT-I	81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis
CPT-I	81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)
CPT-I	81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)
CPT-I	81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy) gene analysis, targeted sequence analysis (eg, exons 3-8)
CPT-I	81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)
CPT-I	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
CPT-I	81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)
CPT-I	81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)
CPT-I	81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)
CPT-I	81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)
CPT-I	81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
CPT-I	81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
CPT-I	81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)
CPT-I	81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)

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Type of Code	Code	Description
CPT-I	81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)
CPT-I	81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)
CPT-I	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence
CPT-I	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)
CPT-I	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant
CPT-I	81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)
CPT-I	81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)
CPT-I	81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)
CPT-I	81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)
CPT-I	81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)
CPT-I	81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)
CPT-I	81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence
CPT-I	81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1
CPT-I	81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)
CPT-I	81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)
CPT-I	81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each
CPT-I	81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each
CPT-I	81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1

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Type of Code	Code	Description
CPT-I	81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each
CPT-I	81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each
CPT-I	81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1
CPT-I	81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)
CPT-I	81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each
CPT-I	81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each
CPT-I	81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each
CPT-I	81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each

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Type of Code	Code	Description
CPT-I	81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), A282V variant LCT (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 C>T variant NEB (nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), R245X variant SERPINE1 (serpine peptidase inhi bitor clade E, member 1, plasminogen activator inhibitor -1, PAI-1) (eg, thrombophilia), 4G variant SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), S2G variant SRY (sex determining region Y) (eg, 46,XX testicular disorder of sex development, gonadal dysgenesis), gene analysis TOR1A (torsin family 1, member A [torsin A]) (eg, early-onset primary dystonia [DYT1]), 907_909delGAG (904_906delGAG) variant

Effective 3/1/2023

Type of Code	Code	Description
CPT-I	81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, I278T, G307S) CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2]) DEK/NUP214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed E2A/PBX1 (t(1;19)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EML4/ALK (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis ETV6/RUNX1 (t(12;21)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EWSR1/ATF1 (t(12;22)) (eg, clear cell sarcoma), translocation analysis, qualitative, and quantitative, if performed EWSR1/ERG (t(21;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/FLI1 (t(11;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/WT1 (t(11;22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed F11 (coagulation factor XI) (eg, coagulation disorder), common variants (eg, E117X [Type II], F283L [Type III], IVS14del14, and IVS14+1G>A [Type I]) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138G>A, 1138G>C, 1620C>A, 1620C>G) FIP1L1/PDGFRA (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed FLG (filaggrin) (eg, ichthyosis vulgaris), common variants (eg, R501X, 2282del4, R2447X, S3247X, 3702delG) FOXO1/PAX3 (t(2;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FOXO1/PAX7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FUS/DDIT3 (t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed GALC (galactosylceramidase)

Type of Code	Code	Description
		(eg, Krabbe disease), common variants (eg, c.857G>A, 30-kb deletion) GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-2A>G, P171S, del5kb, N314D, L218L/N314D) H19 (imprinted maternally expressed transcript [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [MBR] or minor cluster region [mcr]), qualitative or quantitative (When both MBR and mcr breakpoints are performed, use 81278) KCNQ1OT1 (KCNQ1 overlapping transcript 1 [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis LINC00518 (long interge nic non-protein coding RNA 518) (eg, melanoma), expression analysis LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), common variants (eg, R1441G, G2019S, I2020T) MED12 (mediator complex subunit 12) (eg, FG syndrome type 1, Lujan syndrome), common variants (eg, R961W, N1007S) MEG3/DLK1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [Drosophila]) (eg, intrauterine growth retardation), methylation analysis MLL/AFF1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed MLL/MLLT3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed MT-ATP6 (mitochondrially encoded ATP synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [NARP], Leigh syndrome), common variants (eg, m.8993T>G, m.8993T>C) MT-ND4, MT-ND6 (mitochondrially encoded NADH dehydrogenase 4, mitochondrially encoded NADH dehydrogenase 6) (eg, Leber hereditary optic neuropathy [LHON]), common variants (eg, m.11778G>A, m.3460G>A, m.14484T>C) MT-ND5 (mitochondrially encoded tRNA leucine 1 [UUA/G], mitochondrially encoded NADH dehydrogenase 5) (eg, mitochondrial encephalopathy with lactic acidosis and stroke-like episodes [MELAS]), common variants (eg, m.3243A>G, m.3271T>C, m.3252A>G, m.13513G>A) MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), common variants (eg, m.1555A>G, m.1494C>T) MT-TK (mitochondrially encoded tRNA lysine) (eg, myoclonic epilepsy with ragged-red fibers [MERRF]), common variants (eg, m.8344A>G, m.8356T>C) MT-TL1 (mitochondrially encoded tRNA leucine 1 [UUA/G]) (eg, diabetes and hearing loss), common variants (eg, m.3243A>G, m.14709 T>C) MT-TL1 MT-TS1, MT-RNR1 (mitochondrially encoded tRNA serine 1 [UCN], mitochondrially encoded 12S RNA) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445A>G, m.1555A>G) MUTYH (mutY homolog [E. coli]) (eg, MYH -associated polyposis), common variants (eg, Y165C, G382D) NOD2 (nucleotide-binding oligomerization domain containing 2) (eg, Crohn's disease, Blau syndrome), common variants (eg, SNP 8, SNP 12, SNP 13) NPM1/ALK (t(2;5)) (eg, anaplastic large cell lymphoma), translocation analysis PAX8/PPARG (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis

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Type of Code	Code	Description
		PRAME (preferentially expressed antigen in melanoma) (eg, melanoma), expression analysis PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), common variants (eg, N29I, A16V, R122H) PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), common variants (eg, R50X, G205S) RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed SS18/SSX1 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed SS18/SSX2 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M, R816W, R854Q)

Type of Code	Code	Description
CPT-I	81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H) TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem repeat (STR) analysis

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Type of Code	Code	Description
CPT-I	81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) Human erythrocyte antigen gene analyses (eg, SLC14A1 [Kidd blood group], BCAM [Lutheran blood group], ICAM4 [Landsteiner-Wiener blood group], SLC4A1 [Diego blood group], AQP1 [Colton blood group], ERMAP [Scianna blood group] , RHCE [Rh blood group, CcEe antigens], KEL [Kell blood group], DARC [Duffy blood group], GYPA, GYPB, GYPE [MNS blood group], ART4 [Dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence KCNC3 (potassium voltage-gated channel, Shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) KCNJ2 (potassium inwardly-rectifying channel, subfamily J, member 2) (eg, Andersen-Tawil syndrome), full gene sequence KCNJ11 (potassium inwardly-rectifying channel, subfamily J, member 11) (eg, familial hyperinsulinism), full gene sequence Killer cell immunoglobulin-like receptor (KIR) gene family (eg, hematopoietic stem cell transplantation), genotyping of KIR family genes Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, or identified during a genomic sequencing procedure, DNA sequence analysis, each variant exon (For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code) MC4R (melanocortin 4 receptor) (eg, obesity), full gene

Type of Code	Code	Description
		sequence MICA (MHC class I polypeptide-related sequence A) (eg, solid organ transplantation), common variants (eg, *001, *002) MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene sequence MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), duplication/deletion analysis NHLRC1 (NHL repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis PLN (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence RHD (Rh blood group, D antige n) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene) RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal DNA in maternal blood (For human erythrocyte gene analysis of RHD, use a separate unit of 81403) SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysis TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysis UBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)

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Type of Code	Code	Description
CPT-I	81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedl syndrome 10) (eg, Bardet-Biedl syndrome), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence C10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence CD40LG (CD40 ligand) (eg, X-linked hyper IgM syndrome), full gene sequence CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence COX6B1 (cytochrome c oxidase subunit VIb polypeptide 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence CRX (cone-rod homeobox) (eg, cone-rod dystrophy 2, Leber congenital amaurosis), full gene sequence CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence EGR2 (early growth response 2) (eg, Charcot-Marie-Tooth), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystro phy), duplication/deletion analysis EPM2A (epilepsy, progressive myoclonus type 2A, Lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence FGF23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence FGFR2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, Apert syndrome, Crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) FHL1 (four and a half LIM domains 1) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence FKRP (fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene sequence FOXG1 (forkhead box G1) (eg, Rett syndrome), full gene sequence FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4A and 4B haplotypes) GH1 (growth hormone 1) (eg, growth

Type of Code	Code	Description
		hormone deficiency), full gene sequence GP1BB (glycoprotein Ib [platelet], beta polypeptide) (eg, Bernard-Soulier syndrome type B), full gene sequence (For common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), full gene sequence HSD3B2 (hydroxy-delta-5-steroid dehydrogenase, 3 beta- and steroid delta-isomerase 2) (eg, 3-beta-hydroxysteroid dehydrogenase type II deficiency), full gene sequence HSD11B2 (hydroxysteroid [11-beta] dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence HSPB1 (heat shock 27kDa protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence INS (insulin) (eg, diabetes mellitus), full gene sequence KCNJ1 (potassium inwardly-rectifying channel, subfamily J, member 1) (eg, Bartter syndrome), full gene sequence KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10) (eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence LITAF (lipopolysaccharide-induced TNF factor) (eg, Charcot-Marie-Tooth), full gene sequence MEFV (Mediterranean fever) (eg, familial Mediterranean fever), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion analysis MMACHC (methylmalonic aciduria [cobalamin deficiency] cblC type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), duplication/deletion analysis NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), full gene sequence NDUFA1 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFAF2 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS4 (NADH dehydrogenase [ubiquinone] Fe-S protein 4, 18kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NIPA1 (non-imprinted in Prader-Willi/Angelman syndrome 1) (eg, spastic paraplegia), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), duplication/deletion analysis NPC2 (Niemann-Pick disease, type C2 [epididymal secretory protein E1]) (eg, Niemann-Pick disease type C2), full gene sequence NR0B1 (nuclear receptor subfamily 0, group B, member 1) (eg, congenital adrenal hypoplasia), full gene sequence PDX1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), duplication/deletion analysis PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), duplication/deletion analysis PRNP (prion protein) (eg, genetic prion disease), full gene sequence

Type of Code	Code	Description
		PROP1 (PROP paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence PRPH2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma), common variants (eg, M918T, 2647_2648delinsTT, A883F) RHO (rhodopsin) (eg, retinitis pigmentosa), full gene sequence RP1 (retinitis pigmentosa 1) (eg, retinitis pigmentosa), full gene sequence SCN1B (sodium channel, voltage-gated, type I, beta) (eg, Brugada syndrome), full gene sequence SCO2 (SCO cytochrome oxidase deficient homolog 2 [SCO1L]) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis SDHD (succinate dehydrogenase complex, subunit D, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), duplication/deletion analysis SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis SLC25A4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence SOD1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence SPINK1 (serine peptidase inhibitor, Kazal type 1) (eg, hereditary pancreatitis), full gene sequence STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), duplication/deletion analysis TACO1 (translational activator of mitochondrial encoded cytochrome c oxidase I) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence THAP1 (THAP domain containing, apoptosis associated protein 1) (eg, torsion dystonia), full gene sequence TOR1A (torsin family 1, member A [torsin A]) (eg, torsion dystonia), full gene sequence TTPA (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence TTR (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), full gene sequence TYR (tyrosinase [oculocutaneous albinism IA]) (eg, oculocutaneous albinism IA), full gene sequence UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, hereditary unconjugated hyperbilirubinemia [Crigler-Najjar syndrome]) full gene sequence USH1G (Usher syndrome 1G [autosomal recessive]) (eg, Usher syndrome, type 1), full gene sequence

Type of Code	Code	Description
		VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 1C), targeted sequence analysis (eg, exons 26, 27, 37) ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), duplication/deletion analysis ZNF4 1 (zinc finger protein 41) (eg, X-linked mental retardation 89), full gene sequence

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Type of Code	Code	Description
CPT-I	81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), full gene sequence BCS1L (BCS1-like [S. cerevisiae]) (eg, Leigh syndrome, mitochondrial complex III deficiency, GRACILE syndrome), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis CASQ2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence CASR (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNB2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence COX10 (COX10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence COX15 (COX15 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPOX (coproporphyrinogen oxidase) (eg, hereditary coproporphyria), full gene sequence CTRC (chymotrypsin C) (eg, hereditary pancreatitis), full gene sequence CYP11B1 (cytochrome P450, family 11, subfamily B, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP17A1 (cytochrome P450, family 17, subfamily A, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence Cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities (When performing cytogenomic [genome-wide] analysis for constitutional chromosomal abnormalities, see 81228, 81229, 81349) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (Do not report 88271 when performing

Type of Code	Code	Description
		cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis DCX (doublecortin) (eg, X-linked lissencephaly), full gene sequence DES (desmin) (eg, myofibrillar myopathy), full gene sequence DFNB59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence DGUOK (deoxyguanosine kinase) (eg, hepatocerebral mitochondrial DNA depletion syndrome), full gene sequence DHCR7 (7-dehydrocholesterol reductase) (eg, Smith-Lemli-Opitz syndrome), full gene sequence EIF2B2 (eukaryotic translation initiation factor 2B, subunit 2 beta, 39kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EMD (emerin) (eg , Emery-Dreifuss muscular dystrophy), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), duplication/deletion analysis FGFR1 (fibroblast growth factor receptor 1) (eg, Kallmann syndrome 2), full gene sequence FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence FKTN (fukutin) (eg, limb-girdle muscular dystrophy [LGMD] type 2M or 2L), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), duplication/deletion analysis GABRG2 (gamma-aminobutyric acid [GABA] A receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence GCH1 (GTP cyclohydrolase 1) (eg, autosomal dominant dopa-responsive dystonia), full gene sequence GDAP1 (ganglioside-induced differentiation-associated protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence GFAP (glial fibrillary acidic protein) (eg, Alexander disease), full gene sequence GHR (growth hormone receptor) (eg, Laron syndrome), full gene sequence GHRHR (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence HNF1A (HNF1 homeobox A) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HTRA1 (HtrA serine peptidase 1) (eg, macular degeneration), full gene sequence IDS (iduronate 2-sulfatase) (eg, mucopolysacchridosis, type II), full gene sequence IL2RG (interleukin 2 receptor, gamma) (eg, X-linked severe combined immunodeficiency), full gene sequence ISPD (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence LAMP2 (lysosomal-associated membrane protein 2) (eg, Danon disease), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence MMAA (methylmalonic aciduria [cobalamine deficiency] type A) (eg, MMAA-related

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		methylmalonic acidemia), full gene sequence MMAB (methylmalonic aciduria [cobalamine deficiency] type B) (eg, MMAA-related methylmalonic acidemia), full gene sequence MPI (mannose phosphate isomerase) (eg, congenital disorder of glycosylation 1b), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), full gene sequence MPZ (myelin protein zero) (eg, Charcot-Marie-Tooth), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), duplication/deletion analysis MYL2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYL3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYOT (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence NDUFS7 (NADH dehydrogenase [ubiquinone] Fe-S protein 7, 20kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS8 (NADH dehydrogenase [ubiquinone] Fe-S protein 8, 23kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFV1 (NADH dehydrogenase [ubiquinone] flavoprotein 1, 51kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NEFL (neurofilament, light polypeptide) (eg, Charcot-Marie-Tooth), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis NLGN3 (neuroligin 3) (eg, autism spe ctrum disorders), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), deletion analysis, and duplication analysis, if performed NPHS2 (nephrosis 2, idiopathic, steroid-resistant [podocin]) (eg, steroid-resistant nephrotic syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), duplication/deletion analysis OTC (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), duplication/deletion analysis PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), duplication/deletion analysis PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), duplication/deletion analysis PCDH19 (protocadherin 19) (eg, epileptic encephalopathy), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), duplication/deletion analysis PDHB (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence PINK1 (PTEN induced putative kinase 1) (eg, Parkinson disease), full gene sequence PKLR (pyruvate kinase, liver and RBC) (eg, pyruvate kinase deficiency), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), full gene sequence POU1F1 (POU class 1 homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence PRX (periaxin) (eg, Charcot-Marie-Tooth disease), full gene sequence PQBP1

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Type of Code	Code	Description
		(polyglutamine binding protein 1) (eg, Renpenning syndrome), full gene sequence PSEN1 (presenilin 1) (eg, Alzheimer disease), full gene sequence RAB7A (RAB7A, member RAS oncogene family) (eg, Charcot-Marie-Tooth disease), full gene sequence RAI1 (retinoic acid induced 1) (eg, Smith-Magenis syndrome), full gene sequence REEP1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) RPS19 (ribosomal protein S19) (eg, Diamond-Blackfan anemia), full gene sequence RRM2B (ribonucleotide reductase M2 B [TP53 inducible]) (eg, mitochondrial DNA depletion), full gene sequence SCO1 (SCO cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHB (succinate dehydrogenase complex, subunit B, iron sulfur) (eg, hereditary paraganglioma), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence SGCA (sarcoglycan, alpha [50kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, beta [43kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCD (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene sequence SHOX (short stature homeobox) (eg, Langer mesomelic dysplasia), full gene sequence SIL1 (SIL1 homolog, endoplasmic reticulum chaperone [S. cerevisiae]) (eg, ataxia), full gene sequence SLC2A1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [GLUT 1] deficiency syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone ce ll transporter deficiency, Allan-Herndon-Dudley syndrome), full gene sequence SLC22A5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis SPAST (spastin) (eg, spastic paraplegia), duplication/deletion analysis SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence STAT3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-IgE syndrome), targeted sequence analysis

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Type of Code	Code	Description
		(eg, exons 12, 13, 14, 16, 17, 20, 21) STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), full gene sequence SURF1 (surfeit 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence TARDBP (TAR DNA binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence TBX5 (T-box 5) (eg, Holt-Oram syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), duplication/deletion analysis TGFBR1 (transforming growth factor, beta receptor 1) (eg, Marfan syndrome), full gene sequence TGFBR2 (transforming growth factor, beta receptor 2) (eg, Marfan syndrome), full gene sequence THRB (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons TK2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial DNA depletion syndrome), full gene sequence TNNC1 (troponin C type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence T NNI3 (troponin I, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TPM1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis TYMP (thymidine phosphorylase) (eg, mitochondrial DNA depletion syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25) WT1 (Wilms tumor 1) (eg, Denys-Drash syndrome, familial Wilms tumor), full gene sequence ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), full gene sequence

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Type of Code	Code	Description
CPT-I	81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence ANOS1 (anosmin-1) (eg, Kallmann syndrome 1), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequence ATL1 (atlastin GTPase 1) (eg, spastic paraplegia), full gene sequence ATP1A2 (ATPase, Na+/K+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence ATP7B (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequence BBS1 (Bardet-Biedl syndrome 1) (eg, Bardet-Biedl syndrome), full gene sequence BBS2 (Bardet-Biedl syndrome 2) (eg, Bardet-Biedl syndrome), full gene sequence BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence BEST1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, Noonan syndrome), full gene sequence BSCL2 (Berardinelli-Seip congenital lipodystrophy 2 [seipin]) (eg, Berardinelli-Seip congenital lipodystrophy), f ull gene sequence BTK (Bruton agammaglobulinemia tyrosine kinase) (eg, X-linked agammaglobulinemia), full gene sequence CACNB2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, Brugada syndrome), full gene sequence CAPN3 (calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence CDH1 (cadherin 1, type 1, E-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence CLCN1 (chloride channel 1, skeletal muscle) (eg, myotonia congenita), full gene sequence CLCNKB (chloride channel, voltage-sensitive Kb) (eg, Bartter syndrome 3 and 4b), full gene sequence CNTNAP2 (contactin-associated protein-like 2) (eg, Pitt-Hopkins-like syndrome 1), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), duplication/deletion analysis CPT1A (carnitine palmitoyltransferase 1A [liver]) (eg, carnitine palmitoyltransferase 1A [CPT1A] deficiency), full gene sequence CRB1 (crumbs homolog 1 [Drosophila]) (eg, Leber congenital amaurosis), full gene sequence

Type of Code	Code	Description
		CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), duplication/deletion analysis DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), full gene sequence DLAT (dihydrolipoamide S-acetyltransferase) (eg, pyruvate dehydrogenase E2 deficiency), full gene sequence DLD (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type III), full gene sequence DSC2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence DSG2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence DSP (desmoplakin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 8), full gene sequence EFHC1 (EF-hand domain [C-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence EIF2B3 (eukaryotic translation initiation factor 2B, subunit 3 gamma, 58kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B4 (eukaryotic translation initiation factor 2B, subunit 4 delta, 67kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B5 (eukaryotic translation initiation factor 2B, subunit 5 epsilon, 82kDa) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), duplication/deletion analysis FAH (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence FASTKD2 (FAST kinase domains 2) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence FIG4 (FIG4 homolog, SAC1 lipid phosphatase domain containing [S. cerevisiae]) (eg, Charcot-Marie-Tooth disease), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), full gene sequence FUS (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence GAA (glucosidase, alpha; acid) (eg, glycogen storage disease type II [Pompe disease]), full gene sequence GALC (galactosylceramidase) (eg, Krabbe disease), full gene sequence GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence GARS (glycyl-tRNA synthetase) (eg, Charcot-Marie-Tooth disease), full gene sequence GCDH (glutaryl-CoA dehydrogenase) (eg, glutaricacidemia type 1), full gene sequence GCK (glucokinase [hexokinase 4]) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence GLUD1 (glutamate dehydrogenase 1) (eg, familial h yperinsulinism), full gene sequence GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2, Nonaka myopathy), full gene sequence GRN (granulin) (eg, frontotemporal dementia), full gene sequence HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence HADHB (hydroxyacyl-CoA

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		dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene sequence HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), full gene sequence HLCS (HLCS holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene sequence HMBS (hydroxymethylbilane synthase) (eg, acute intermittent porphyria), full gene sequence HNF4A (hepatocyte nuclear factor 4, alpha) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence IDUA (iduronidase, alpha-L-) (eg, mucopolysaccharidosis type I), full gene sequence INF2 (inverted formin, FH2 and WH2 domain containing) (eg, focal segmental glomerulosclerosis), full gene sequence IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), duplication/deletion analysis JUP (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence KCNH2 (potassium voltage-gated channel, subfamily H [eag-related], member 2) (eg, short QT syndrome, long QT syndrome), full gene sequence KCNQ1 (potassium voltage-gated channel, KQT-like subfamily, member 1) (eg, short QT syndrome, long QT syndrome), full gene sequence KCNQ2 (potassium voltage-gated channel, KQT-like subfamily, member 2) (eg, epileptic encephalopathy), full gene sequence LDB3 (LIM domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene sequence LDLR (low dens ity lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence LEPR (leptin receptor) (eg, obesity with hypogonadism), full gene sequence LHCGR (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence LMNA (lamin A/C) (eg, Emery-Dreifuss muscular dystrophy [EDMD1, 2 and 3] limb-girdle muscular dystrophy [LGMD] type 1B, dilated cardiomyopathy [CMD1A], familial partial lipodystrophy [FPLD2]), full gene sequence LRP5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence MAP2K1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence MAP2K2 (mitogen-activated protein kinase 2) (eg, cardiofaciocutaneous syndrome), full gene sequence MAPT (microtubule-associated protein tau) (eg, frontotemporal dementia), full gene sequence MCCC1 (methylcrotonoyl-CoA carboxylase 1 [alpha]) (eg, 3-methylcrotonyl-CoA carboxylase deficiency), full gene sequence MCCC2 (methylcrotonoyl-CoA carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence MFN2 (mitofusin 2) (eg, Charcot-Marie-Tooth disease), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), full gene sequence MUT (methylmalonyl CoA mutase) (eg, methylmalonic acidemia), full gene sequence MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), full gene sequence NDUFS1 (NADH dehydrogenase [ubiquinone] Fe-S protein 1, 75kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence NOTCH3

Type of Code	Code	Description
		(notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [CADASIL]), targeted sequence analysis (eg, exons 1-23) NPC1 (Niemann-Pick disease, type C1) (eg, Niemann-Pick disease), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis OPTN (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), full gene sequence PAH (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), full gene sequence PAX2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence PC (pyruvate carboxylase) (eg, pyruvate carboxylase deficiency), full gene sequence PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence PCCB (propionyl CoA carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), duplication/deletion analysis PCSK9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence PDHX (pyruvate dehydrogenase complex, component X) (eg, lactic acidosis), full gene sequence PHEX (phosphate-regulating endopeptidase homolog, X-linked) (eg, hypophosphatemic rickets), full gene sequence PKD2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PKP2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence PNKD (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence POLG (polymerase [DNA directed], gamma) (eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase) (eg, muscle-eye-br ain disease, Walker-Warburg syndrome), full gene sequence POMT1 (protein-O-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence POMT2 (protein-O-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndrome), full gene sequence PPOX (protoporphyrinogen oxidase) (eg, variegate porphyria), full gene sequence PRKAG2 (protein kinase, AMP-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic cardiomyopathy with Wolff-Parkinson-White syndrome, lethal congenital glycogen storage disease of heart), full gene sequence PRKCG (protein kinase C, gamma) (eg, spinocerebellar ataxia), full gene sequence PSEN2 (presenilin 2 [Alzheimer disease 4]) (eg, Alzheimer disease), full gene sequence PTPN11 (protein tyrosine phosphatase, non-receptor type 11) (eg,

Type of Code	Code	Description
		Noonan syndrome, LEOPARD syndrome), full gene sequence PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), full gene sequence RET (ret proto-oncogene) (eg, Hirschsprung disease), full gene sequence RPE65 (retinal pigment epithelium-specific protein 65kDa) (eg, retinitis pigmentosa, Leber congenital amaurosis), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations SCN4A (sodium channel, voltage-gated, type IV, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence SCNN1A (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence SCNN1B (sodium channel, nonvoltage-gated 1, beta) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SCNN1G (sodium channel, nonvoltage-gated 1, gamma) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SDHA (succinate dehydrogenase complex, subunit A, flavoprotein [Fp]) (eg, Leigh syndrome, mitochondrial complex II deficiency), full gene sequence SETX (senataxin) (eg, ataxia), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence SH3TC2 (SH3 domain and tetratricopeptide repeats 2) (eg, Charcot-Marie-Tooth disease), full gene sequence SLC9A6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg, Christianson syndrome), full gene sequence SLC26A4 (solute carrier family 26, member 4) (eg, Pendred syndrome), full gene sequence SLC37A4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type Ib), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence SOS1 (son of sevenless homolog 1) (eg, Noonan syndrome, gingival fibromatosis), full gene sequence SPAST (spastin) (eg, spastic paraplegia), full gene sequence SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence STXBP1 (syntaxin-binding protein 1) (eg, epileptic encephalopathy), full gene sequence TAZ (tafazzin) (eg, methylglutaconic aciduria type 2, Barth syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), full gene sequence TH (tyrosine hydroxylase) (eg, Segawa syndrome), full gene sequence TMEM43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence TNNT2 (troponin T, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TRPC6 (transient receptor potential cation channel, subfamily C, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis UBE3A (ubiquitin protein ligase E3A) (eg, Angelman syndrome), full gene sequence UMOD (uromodulin) (eg, glomerulocystic kidney dise ase with hyperuricemia and isosthenuria), full gene sequence VWF (von Willebrand factor) (von Willebrand disease

Type of Code	Code	Description
		type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) WAS (Wiskott-Aldrich syndrome [eczema-thrombocytopenia]) (eg, Wiskott-Aldrich syndrome), full gene sequence

Type of Code	Code	Description
CPT-I	81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B) full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine [K]-specific demethylase 5C) (eg, X-linked mental retardation), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin S]) (eg, Pierson syndrome), full gene sequence MYBPC3 (myosin binding protein C, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYH6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full gene sequence MYH7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, Liang distal myopathy), full gene sequence MYO7A (myosin VIIA) (eg, Usher syndrome, type 1), full gene sequence NOTCH1 (notch 1) (eg, aortic valve disease), full gene sequence NPHS1 (nephrosis 1, congenital, Finnish type [nephrin]) (eg, congenital Finnish nephrosis), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome, type 1), full gene sequence PKD1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PLCE1 (phospholipase C, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence SCN5A (sodium channel, voltage-gated, type V, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence SLC12A1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, Bartter syndrome), full gene sequence SLC12A3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, Gitelman

Type of Code	Code	Description
		syndrome), full gene sequence SPG11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence SPTBN2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence TMEM67 (transmembrane protein 67) (eg, Joubert syndrome), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence USH1C (Usher syndrome 1C [autosomal recessive, severe]) (eg, Usher syndrome, type 1), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), duplication/deletion analysis WDR62 (WD repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence

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Type of Code	Code	Description
CPT-I	81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), full gene sequence RYR2 (ryanodine receptor 2 [cardiac]) (eg, cate cholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons USH2A (Usher syndrome 2A [autosomal recessive, mild]) (eg, Usher syndrome, type 2), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease types 1 and 3), full gene sequence
CPT-I	81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK
CPT-I	81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1

Type of Code	Code	Description
CPT-I	81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1
CPT-I	81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A
CPT-I	81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1
CPT-I	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
CPT-I	81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)
CPT-I	81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)
CPT-I	81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2
CPT-I	81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
CPT-I	81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)
CPT-I	81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)
CPT-I	81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53

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Type of Code	Code	Description
CPT-I	81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11
CPT-I	81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A
CPT-I	81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL
CPT-I	81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL
CPT-I	81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)
CPT-I	81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP
CPT-I	81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2
CPT-I	81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1

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Type of Code	Code	Description
CPT-I	81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)
CPT-I	81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed
CPT-I	81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)
CPT-I	81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis
CPT-I	81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed
CPT-I	81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis
CPT-I	81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed

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Type of Code	Code	Description
CPT-I	81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis
CPT-I	81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection
CPT-I	81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed
CPT-I	81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2
CPT-I	81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2
CPT-I	81479	Unlisted molecular pathology procedure
CPT-I	81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score
CPT-I	81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score
CPT-I	81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score
CPT-I	81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score
CPT-I	81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores

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Type of Code	Code	Description
CPT-I	81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score
CPT-I	81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy
CPT-I	81508	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score
CPT-I	81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score
CPT-I	81510	Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score
CPT-I	81512	Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score
CPT-I	81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy
CPT-I	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score
CPT-I	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score
CPT-I	81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
CPT-I	81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis
CPT-I	81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score

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Type of Code	Code	Description
CPT-I	81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination
CPT-I	81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)
CPT-I	81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival
CPT-I	81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype
CPT-I	81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score
CPT-I	81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score
CPT-I	81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)
CPT-I	81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy
CPT-I	81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis
CPT-I	81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score
CPT-I	81599	Unlisted multianalyte assay with algorithmic analysis
CPT-I	83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)

Type of Code	Code	Description
CPT-I	84999	Unlisted chemistry procedure
CPT-I	85999	Unlisted hematology and coagulation procedure
CPT-I	86849	Unlisted immunology procedure
CPT-I	86999	Unlisted transfusion medicine procedure
CPT-I	87999	Unlisted microbiology procedure
CPT-I	88099	Unlisted necropsy (autopsy) procedure
CPT-I	88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
CPT-I	88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)
CPT-I	88187	Flow cytometry, interpretation; 2 to 8 markers
CPT-I	88188	Flow cytometry, interpretation; 9 to 15 markers
CPT-I	88189	Flow cytometry, interpretation; 16 or more markers
CPT-I	88199	Unlisted cytopathology procedure
CPT-I	88230	Tissue culture for non-neoplastic disorders; lymphocyte
CPT-I	88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy
CPT-I	88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells
CPT-I	88237	Tissue culture for neoplastic disorders; bone marrow, blood cells
CPT-I	88239	Tissue culture for neoplastic disorders; solid tumor
CPT-I	88240	Cryopreservation, freezing and storage of cells, each cell line
CPT-I	88241	Thawing and expansion of frozen cells, each aliquot
CPT-I	88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells
CPT-I	88248	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X)
CPT-I	88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)
CPT-I	88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding
CPT-I	88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding

Type of Code	Code	Description
CPT-I	88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding
CPT-I	88264	Chromosome analysis; analyze 20-25 cells
CPT-I	88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding
CPT-I	88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding
CPT-I	88271	Molecular cytogenetics; DNA probe, each (eg, FISH)
CPT-I	88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)
CPT-I	88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)
CPT-I	88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells
CPT-I	88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells
CPT-I	88280	Chromosome analysis; additional karyotypes, each study
CPT-I	88283	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)
CPT-I	88285	Chromosome analysis; additional cells counted, each study
CPT-I	88289	Chromosome analysis; additional high resolution study
CPT-I	88299	Unlisted cytogenetic study
CPT-I	88399	Unlisted surgical pathology procedure
CPT-I	88749	Unlisted in vivo (eg, transcutaneous) laboratory service
CPT-I	89240	Unlisted miscellaneous pathology test
CPT-I	89398	Unlisted reproductive medicine laboratory procedure
CPT-I	90399	Unlisted immune globulin
CPT-I	90749	Unlisted vaccine/toxoid
CPT-I	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
CPT-I	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
CPT-I	90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management

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Type of Code	Code	Description
CPT-I	90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers
CPT-I	90899	Unlisted psychiatric service or procedure
CPT-I	90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional
CPT-I	90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional
CPT-I	90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
CPT-I	90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
CPT-I	90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
CPT-I	90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
CPT-I	90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
CPT-I	90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
CPT-I	90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month

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Type of Code	Code	Description
CPT-I	90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
CPT-I	90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
CPT-I	90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
CPT-I	90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
CPT-I	90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month
CPT-I	90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
CPT-I	90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
CPT-I	90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older
CPT-I	90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age
CPT-I	90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age
CPT-I	90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age
CPT-I	90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

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Type of Code	Code	Description
CPT-I	90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session
CPT-I	90997	Hemoperfusion (eg, with activated charcoal or resin)
CPT-I	90999	Unlisted dialysis procedure, inpatient or outpatient
CPT-I	91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report
CPT-I	91299	Unlisted diagnostic gastroenterology procedure
CPT-I	92499	Unlisted ophthalmological service or procedure
CPT-I	92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)
CPT-I	92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)
CPT-I	92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)
CPT-I	92700	Unlisted otorhinolaryngological service or procedure
CPT-I	93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results
CPT-I	93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed
CPT-I	93799	Unlisted cardiovascular service or procedure
CPT-I	93998	Unlisted noninvasive vascular diagnostic study
CPT-I	94799	Unlisted pulmonary service or procedure
CPT-I	95199	Unlisted allergy/clinical immunologic service or procedure
CPT-I	95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored

Type of Code	Code	Description
CPT-I	95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance
CPT-I	95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance
CPT-I	95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored
CPT-I	95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance
CPT-I	95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance
CPT-I	95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)
CPT-I	95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)
CPT-I	95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)
CPT-I	95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)
CPT-I	95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional

Type of Code	Code	Description
CPT-I	95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)
CPT-I	96202	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes
CPT-I	96203	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (List separately in addition to code for primary service)
CPT-I	96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
CPT-I	96999	Unlisted special dermatological service or procedure
CPT-I	97039	Unlisted modality (specify type and time if constant attendance)
CPT-I	97139	Unlisted therapeutic procedure (specify)
CPT-I	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
CPT-I	97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
CPT-I	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
CPT-I	97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes

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Type of Code	Code	Description
CPT-I	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
CPT-I	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
CPT-I	97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
CPT-I	97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes
CPT-I	97799	Unlisted physical medicine/rehabilitation service or procedure
CPT-I	99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
CPT-I	99199	Unlisted special service, procedure or report
CPT-I	99429	Unlisted preventive medicine service
CPT-I	99499	Unlisted evaluation and management service
CPT-I	99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
CPT-I	99501	Home visit for postnatal assessment and follow-up care
CPT-I	99502	Home visit for newborn care and assessment
CPT-I	99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)
CPT-I	99504	Home visit for mechanical ventilation care
CPT-I	99505	Home visit for stoma care and maintenance including colostomy and cystostomy
CPT-I	99506	Home visit for intramuscular injections
CPT-I	99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)
CPT-I	99509	Home visit for assistance with activities of daily living and personal care

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Type of Code	Code	Description
CPT-I	99511	Home visit for fecal impaction management and enema administration
CPT-I	99512	Home visit for hemodialysis
CPT-I	99600	Unlisted home visit service or procedure
CPT-I	99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient
CPT-I	99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient
CPT-I	99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)
CPT-MAAA	0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score
CPT-MAAA	0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier
CPT-MAAA	0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index
CPT-III	0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
CPT-III	0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day
CPT-III	0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)
CPT-III	0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration
CPT-III	0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous
HCPCS	A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)
HCPCS	A0428	Ambulance service, basic life support, non-emergency transport, (BLS)

Type of Code	Code	Description
HCPCS	A0434	Specialty care transport (SCT)
HCPCS	A0999	Unlisted ambulance service
HCPCS	A2001	InnovaMatrix AC, per square centimeter
HCPCS	A2002	MIRRAGEN Advanced Wound Matrix, per square centimeter
HCPCS	A2004	Xcellistem, 1 mg
HCPCS	A2005	Microlyte Matrix, per square centimeter
HCPCS	A2006	NovoSorb SynPath Dermal Matrix, per square centimeter
HCPCS	A2007	Restrata, per square centimeter
HCPCS	A2008	TheraGenesis, per square centimeter
HCPCS	A2009	Symphony, per square centimeter
HCPCS	A2010	APIS, per square centimeter
HCPCS	A2011	SUPRA SDRM, per square centimeter
HCPCS	A2012	SUPRATHEL, per square centimeter
HCPCS	A2013	InnovaMatrix FS, per square centimeter
HCPCS	A2014	Omeza collagen matrix, per 100 mg
HCPCS	A2015	Phoenix wound matrix, per square centimeter
HCPCS	A2016	Permeaderm b, per square centimeter
HCPCS	A2017	Permeaderm glove, each
HCPCS	A2018	Permeaderm c, per square centimeter
HCPCS	A4100	Skin substitute, FDA cleared as a device, not otherwise specified
HCPCS	A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week
HCPCS	A4238	Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
HCPCS	A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
HCPCS	A4611	Battery, heavy duty; replacement for patient owned ventilator

Type of Code	Code	Description
HCPCS	A4612	Battery cables; replacement for patient-owned ventilator
HCPCS	A4613	Battery charger; replacement for patient-owned ventilator
HCPCS	A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe
HCPCS	A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe
HCPCS	A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe
HCPCS	A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe
HCPCS	A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe
HCPCS	A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe
HCPCS	A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
HCPCS	A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
HCPCS	A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe
HCPCS	A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each
HCPCS	A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each

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Type of Code	Code	Description
HCPCS	A5514	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
HCPCS	A6501	Compression burn garment, bodysuit (head to foot), custom fabricated
HCPCS	A6502	Compression burn garment, chin strap, custom fabricated
HCPCS	A6503	Compression burn garment, facial hood, custom fabricated
HCPCS	A6504	Compression burn garment, glove to wrist, custom fabricated
HCPCS	A6505	Compression burn garment, glove to elbow, custom fabricated
HCPCS	A6506	Compression burn garment, glove to axilla, custom fabricated
HCPCS	A6507	Compression burn garment, foot to knee length, custom fabricated
HCPCS	A6508	Compression burn garment, foot to thigh length, custom fabricated
HCPCS	A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated
HCPCS	A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated
HCPCS	A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated
HCPCS	A6512	Compression burn garment, not otherwise classified
HCPCS	A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated
HCPCS	A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
HCPCS	A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each
HCPCS	A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each
HCPCS	A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories
HCPCS	A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories
HCPCS	A8004	Soft interface for helmet, replacement only
HCPCS	A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
HCPCS	A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
HCPCS	A9291	Prescription digital **cognitive and/or** behavioral therapy, FDA cleared, per course of treatment
HCPCS	A9593	Gallium GA-68 PSMA-11, diagnostic, (UCSF), 1 millicurie

Type of Code	Code	Description
HCPCS	A9594	Gallium GA-68 PSMA-11, diagnostic, (UCLA), 1 millicurie
HCPCS	A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
HCPCS	A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified
HCPCS	A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
HCPCS	B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
HCPCS	B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
HCPCS	C1716	Brachytherapy source, non-stranded, gold-198, per source
HCPCS	C1717	Brachytherapy source, non-stranded, high dose rate iridium-192, per source
HCPCS	C1719	Brachytherapy source, non-stranded, non-high dose rate iridium-192, per source
HCPCS	C1754	Catheter, intradiscal
HCPCS	C1767	Generator, neurostimulator (implantable), non-rechargeable
HCPCS	C1778	Lead, neurostimulator (implantable)
HCPCS	C1816	Receiver and/or transmitter, neurostimulator (implantable)
HCPCS	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
HCPCS	C1841	Retinal prosthesis, includes all internal and external components
HCPCS	C1883	Adapter/extension, pacing lead or neurostimulator lead (implantable)
HCPCS	C1897	Lead, neurostimulator test kit (implantable)
HCPCS	C2616	Brachytherapy source, non-stranded, yttrium-90, per source
HCPCS	C2634	Brachytherapy source, non-stranded, high activity, iodine-125, greater than 1.01 mCi (NIST), per source
HCPCS	C2635	Brachytherapy source, non-stranded, high activity, palladium-103, greater than 2.2 mCi (NIST), per source
HCPCS	C2636	Brachytherapy linear source, non-stranded, palladium-103, per 1 mm

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Type of Code	Code	Description
HCPCS	C2637	Brachytherapy source, non-stranded, ytterbium-169, per source
HCPCS	C2638	Brachytherapy source, stranded, iodine-125, per source
HCPCS	C2639	Brachytherapy source, non-stranded, iodine-125, per source
HCPCS	C2640	Brachytherapy source, stranded, palladium-103, per source
HCPCS	C2641	Brachytherapy source, non-stranded, palladium-103, per source
HCPCS	C2642	Brachytherapy source, stranded, cesium-131, per source
HCPCS	C2643	Brachytherapy source, non-stranded, cesium-131, per source
HCPCS	C2644	Brachytherapy source, cesium-131 chloride solution, per millicurie
HCPCS	C2645	Brachytherapy planar source, palladium-103, per square millimeter
HCPCS	C2698	Brachytherapy source, stranded, not otherwise specified, per source
HCPCS	C2699	Brachytherapy source, non-stranded, not otherwise specified, per source
HCPCS	C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy
HCPCS	C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure
HCPCS	C9727	Insertion of implants into the soft palate; minimum of three implants
HCPCS	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance
HCPCS	C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants
HCPCS	C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants
HCPCS	C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar
HCPCS	C9770	Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent
HCPCS	E0100	Cane, includes canes of all materials, adjustable or fixed, with tip
HCPCS	E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips

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Type of Code	Code	Description
HCPCS	E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips
HCPCS	E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips
HCPCS	E0112	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips
HCPCS	E0113	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip
HCPCS	E0114	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips
HCPCS	E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each
HCPCS	E0130	Walker, rigid (pickup), adjustable or fixed height
HCPCS	E0135	Walker, folding (pickup), adjustable or fixed height
HCPCS	E0140	Walker, with trunk support, adjustable or fixed height, any type
HCPCS	E0141	Walker, rigid, wheeled, adjustable or fixed height
HCPCS	E0143	Walker, folding, wheeled, adjustable or fixed height
HCPCS	E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each
HCPCS	E0149	Walker, heavy duty, wheeled, rigid or folding, any type
HCPCS	E0156	Seat attachment, walker
HCPCS	E0250	Hospital bed, fixed height, with any type side rails, with mattress
HCPCS	E0251	Hospital bed, fixed height, with any type side rails, without mattress
HCPCS	E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress
HCPCS	E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress
HCPCS	E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
HCPCS	E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
HCPCS	E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress
HCPCS	E0271	Mattress, innerspring
HCPCS	E0272	Mattress, foam rubber
HCPCS	E0273	Bed board
HCPCS	E0274	Over-bed table

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Type of Code	Code	Description
HCPCS	E0275	Bed pan, standard, metal or plastic
HCPCS	E0276	Bed pan, fracture, metal or plastic
HCPCS	E0277	Powered pressure-reducing air mattress
HCPCS	E0290	Hospital bed, fixed height, without side rails, with mattress
HCPCS	E0291	Hospital bed, fixed height, without side rails, without mattress
HCPCS	E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress
HCPCS	E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress
HCPCS	E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
HCPCS	E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress
HCPCS	E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure
HCPCS	E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress
HCPCS	E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress
HCPCS	E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress
HCPCS	E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress
HCPCS	E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
HCPCS	E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
HCPCS	E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
HCPCS	E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing

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Type of Code	Code	Description
HCPCS	E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
HCPCS	E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge
HCPCS	E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
HCPCS	E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor
HCPCS	E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing
HCPCS	E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
HCPCS	E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit
HCPCS	E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit
HCPCS	E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit
HCPCS	E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit
HCPCS	E0445	Oximeter device for measuring blood oxygen levels non-invasively
HCPCS	E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)
HCPCS	E0455	Oxygen tent, excluding croup or pediatric tents
HCPCS	E0457	Chest shell (cuirass)
HCPCS	E0459	Chest wrap
HCPCS	E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
HCPCS	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
HCPCS	E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions

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Type of Code	Code	Description
HCPCS	E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
HCPCS	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
HCPCS	E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)
HCPCS	E0480	Percussor, electric or pneumatic, home model
HCPCS	E0481	Intrapulmonary percussive ventilation system and related accessories
HCPCS	E0482	Cough stimulating device, alternating positive and negative airway pressure
HCPCS	E0483	High frequency chest wall oscillation system, **with full anterior and/or posterior thoracic region receiving simultaneous external oscillation,** includes all accessories and supplies, each
HCPCS	E0484	Oscillatory positive expiratory pressure device, non-electric, any type, each
HCPCS	E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment
HCPCS	E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
HCPCS	E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source
HCPCS	E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery
HCPCS	E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter
HCPCS	E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery
HCPCS	E0561	Humidifier, non-heated, used with positive airway pressure device
HCPCS	E0562	Humidifier, heated, used with positive airway pressure device
HCPCS	E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven
HCPCS	E0570	Nebulizer, with compressor
HCPCS	E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use
HCPCS	E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer

Type of Code	Code	Description
HCPCS	E0575	Nebulizer, ultrasonic, large volume
HCPCS	E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter
HCPCS	E0600	Respiratory suction pump, home model, portable or stationary, electric
HCPCS	E0601	Continuous positive airway pressure (CPAP) device
HCPCS	E0607	Home blood glucose monitor
HCPCS	E0610	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)
HCPCS	E0615	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems
HCPCS	E0616	Implantable cardiac event recorder with memory, activator and programmer
HCPCS	E0618	Apnea monitor, without recording feature
HCPCS	E0619	Apnea monitor, with recording feature
HCPCS	E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less
HCPCS	E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel
HCPCS	E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel
HCPCS	E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection
HCPCS	E0744	Neuromuscular stimulator for scoliosis
HCPCS	E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications
HCPCS	E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications
HCPCS	E0749	Osteogenesis stimulator, electrical, surgically implanted
HCPCS	E0755	Electronic salivary reflex stimulator (intra-oral/non-invasive)
HCPCS	E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive
HCPCS	E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting
HCPCS	E0776	IV pole
HCPCS	E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater
HCPCS	E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours

Type of Code	Code	Description
HCPCS	E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
HCPCS	E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)
HCPCS	E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)
HCPCS	E0784	External ambulatory infusion pump, insulin
HCPCS	E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement
HCPCS	E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)
HCPCS	E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing
HCPCS	E0791	Parenteral infusion pump, stationary, single or multi-channel
HCPCS	E0830	Ambulatory traction device, all types, each
HCPCS	E0840	Traction frame, attached to headboard, cervical traction
HCPCS	E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible
HCPCS	E0850	Traction stand, free standing, cervical traction
HCPCS	E0855	Cervical traction equipment not requiring additional stand or frame
HCPCS	E0856	Cervical traction device, with inflatable air bladder(s)
HCPCS	E0870	Traction frame, attached to footboard, extremity traction, (e.g., Buck's)
HCPCS	E0880	Traction stand, free standing, extremity traction
HCPCS	E0890	Traction frame, attached to footboard, pelvic traction
HCPCS	E0900	Traction stand, free standing, pelvic traction, (e.g., Buck's)
HCPCS	E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar
HCPCS	E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar

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Type of Code	Code	Description
HCPCS	E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar
HCPCS	E0920	Fracture frame, attached to bed, includes weights
HCPCS	E0930	Fracture frame, free standing, includes weights
HCPCS	E0935	Continuous passive motion exercise device for use on knee only
HCPCS	E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, 4 Poster)
HCPCS	E0947	Fracture frame, attachments for complex pelvic traction
HCPCS	E0948	Fracture frame, attachments for complex cervical traction
HCPCS	E0951	Heel loop/holder, any type, with or without ankle strap, each
HCPCS	E0952	Toe loop/holder, any type, each
HCPCS	E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each
HCPCS	E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
HCPCS	E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
HCPCS	E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
HCPCS	E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
HCPCS	E0958	Manual wheelchair accessory, one-arm drive attachment, each
HCPCS	E0959	Manual wheelchair accessory, adapter for amputee, each
HCPCS	E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
HCPCS	E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each
HCPCS	E0966	Manual wheelchair accessory, headrest extension, each
HCPCS	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
HCPCS	E0968	Commode seat, wheelchair
HCPCS	E0969	Narrowing device, wheelchair
HCPCS	E0970	No. 2 footplates, except for elevating leg rest
HCPCS	E0971	Manual wheelchair accessory, anti-tipping device, each
HCPCS	E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
HCPCS	E0974	Manual wheelchair accessory, anti-rollback device, each

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Type of Code	Code	Description
HCPCS	E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each
HCPCS	E0981	Wheelchair accessory, seat upholstery, replacement only, each
HCPCS	E0982	Wheelchair accessory, back upholstery, replacement only, each
HCPCS	E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control
HCPCS	E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control
HCPCS	E0986	Manual wheelchair accessory, push-rim activated power assist system
HCPCS	E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
HCPCS	E0990	Wheelchair accessory, elevating leg rest, complete assembly, each
HCPCS	E0992	Manual wheelchair accessory, solid seat insert
HCPCS	E0994	Arm rest, each
HCPCS	E0995	Wheelchair accessory, calf rest/pad, replacement only, each
HCPCS	E1002	Wheelchair accessory, power seating system, tilt only
HCPCS	E1003	Wheelchair accessory, power seating system, recline only, without shear reduction
HCPCS	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
HCPCS	E1005	Wheelchair accessory, power seatng system, recline only, with power shear reduction
HCPCS	E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
HCPCS	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
HCPCS	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
HCPCS	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each
HCPCS	E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair
HCPCS	E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)
HCPCS	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
HCPCS	E1014	Reclining back, addition to pediatric size wheelchair

Type of Code	Code	Description
HCPCS	E1015	Shock absorber for manual wheelchair, each
HCPCS	E1016	Shock absorber for power wheelchair, each
HCPCS	E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each
HCPCS	E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each
HCPCS	E1020	Residual limb support system for wheelchair, any type
HCPCS	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
HCPCS	E1029	Wheelchair accessory, ventilator tray, fixed
HCPCS	E1030	Wheelchair accessory, ventilator tray, gimbaled
HCPCS	E1050	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests
HCPCS	E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests
HCPCS	E1070	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest
HCPCS	E1083	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest
HCPCS	E1084	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests
HCPCS	E1085	Hemi-wheelchair, fixed full length arms, swing away detachable foot rests
HCPCS	E1086	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests
HCPCS	E1092	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests
HCPCS	E1093	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests
HCPCS	E1100	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests
HCPCS	E1110	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest
HCPCS	E1130	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests
HCPCS	E1140	Wheelchair, detachable arms, desk or full length, swing away detachable footrests
HCPCS	E1150	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests
HCPCS	E1160	Wheelchair, fixed full length arms, swing away detachable elevating legrests
HCPCS	E1161	Manual adult size wheelchair, includes tilt in space
HCPCS	E1170	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests

Type of Code	Code	Description
HCPCS	E1171	Amputee wheelchair, fixed full length arms, without footrests or legrest
HCPCS	E1172	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest
HCPCS	E1180	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests
HCPCS	E1190	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests
HCPCS	E1195	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests
HCPCS	E1200	Amputee wheelchair, fixed full length arms, swing away detachable footrest
HCPCS	E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification
HCPCS	E1221	Wheelchair with fixed arm, footrests
HCPCS	E1222	Wheelchair with fixed arm, elevating legrests
HCPCS	E1223	Wheelchair with detachable arms, footrests
HCPCS	E1224	Wheelchair with detachable arms, elevating legrests
HCPCS	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
HCPCS	E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
HCPCS	E1227	Special height arms for wheelchair
HCPCS	E1228	Special back height for wheelchair
HCPCS	E1229	Wheelchair, pediatric size, not otherwise specified
HCPCS	E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system
HCPCS	E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
HCPCS	E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
HCPCS	E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system
HCPCS	E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
HCPCS	E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
HCPCS	E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
HCPCS	E1238	Wheelchair, pediatric size, folding, adjustable, without seating system
HCPCS	E1239	Power wheelchair, pediatric size, not otherwise specified
HCPCS	E1280	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests

Type of Code	Code	Description
HCPCS	E1285	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest
HCPCS	E1290	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest
HCPCS	E1295	Heavy duty wheelchair, fixed full length arms, elevating legrest
HCPCS	E1296	Special wheelchair seat height from floor
HCPCS	E1297	Special wheelchair seat depth, by upholstery
HCPCS	E1298	Special wheelchair seat depth and/or width, by construction
HCPCS	E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure
HCPCS	E1353	Regulator
HCPCS	E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each
HCPCS	E1355	Stand/rack
HCPCS	E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each
HCPCS	E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each
HCPCS	E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each
HCPCS	E1372	Immersion external heater for nebulizer
HCPCS	E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
HCPCS	E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each
HCPCS	E1392	Portable oxygen concentrator, rental
HCPCS	E1399	Durable medical equipment, miscellaneous
HCPCS	E1405	Oxygen and water vapor enriching system with heated delivery
HCPCS	E1406	Oxygen and water vapor enriching system without heated delivery
HCPCS	E1592	Automatic intermittent peritoneal dialysis system
HCPCS	E1594	Cycler dialysis machine for peritoneal dialysis
HCPCS	E1629	Tablo hemodialysis system for the billable dialysis service
HCPCS	E1630	Reciprocating peritoneal dialysis system

Type of Code	Code	Description
HCPCS	E1699	Dialysis equipment, not otherwise specified
HCPCS	E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material
HCPCS	E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material
HCPCS	E1805	Dynamic adjustable wrist extension /flexion device, includes soft interface material
HCPCS	E1810	Dynamic adjustable knee extension /flexion device, includes soft interface material
HCPCS	E1812	Dynamic knee, extension/flexion device with active resistance control
HCPCS	E1820	Replacement soft interface material, dynamic adjustable extension/flexion device
HCPCS	E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material
HCPCS	E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material
HCPCS	E1902	Communication board, non-electronic augmentative or alternative communication device
HCPCS	E2000	Gastric suction pump, home model, portable or stationary, electric
HCPCS	E2100	Blood glucose monitor with integrated voice synthesizer
HCPCS	E2102	Adjunctive continuous glucose monitor or receiver
HCPCS	E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver
HCPCS	E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches
HCPCS	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
HCPCS	E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches
HCPCS	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
HCPCS	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each
HCPCS	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
HCPCS	E2210	Wheelchair accessory, bearings, any type, replacement only, each
HCPCS	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
HCPCS	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
HCPCS	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
HCPCS	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each

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Type of Code	Code	Description
HCPCS	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
HCPCS	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
HCPCS	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
HCPCS	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
HCPCS	E2219	Manual wheelchair accessory, foam caster tire, any size, each
HCPCS	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
HCPCS	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
HCPCS	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
HCPCS	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
HCPCS	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
HCPCS	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
HCPCS	E2227	Manual wheelchair accessory, gear reduction drive wheel, each
HCPCS	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
HCPCS	E2230	Manual wheelchair accessory, manual standing system
HCPCS	E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
HCPCS	E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware
HCPCS	E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware
HCPCS	E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware
HCPCS	E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware
HCPCS	E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features
HCPCS	E2300	Wheelchair accessory, power seat elevation system, any type
HCPCS	E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware

Type of Code	Code	Description
HCPCS	E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each
HCPCS	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
HCPCS	E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue
HCPCS	E2398	Wheelchair accessory, dynamic positioning hardware for back
HCPCS	E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time
HCPCS	E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
HCPCS	E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
HCPCS	E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time
HCPCS	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
HCPCS	E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
HCPCS	E2511	Speech generating software program, for personal computer or personal digital assistant
HCPCS	E2512	Accessory for speech generating device, mounting system
HCPCS	E2599	Accessory for speech generating device, not otherwise classified
HCPCS	E2601	General use wheelchair seat cushion, width less than 22 inches, any depth
HCPCS	E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth
HCPCS	E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
HCPCS	E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
HCPCS	E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth
HCPCS	E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth

Type of Code	Code	Description
HCPCS	E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
HCPCS	E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
HCPCS	E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
HCPCS	E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware
HCPCS	E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware
HCPCS	E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware
HCPCS	E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware
HCPCS	E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware
HCPCS	E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware
HCPCS	E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
HCPCS	E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
HCPCS	E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
HCPCS	E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
HCPCS	E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
HCPCS	E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
HCPCS	E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
HCPCS	E2633	Wheelchair accessory, addition to mobile arm support, supinator

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Type of Code	Code	Description
HCPCS	G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes
HCPCS	G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
HCPCS	G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
HCPCS	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
HCPCS	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
HCPCS	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
HCPCS	G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes
HCPCS	G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes
HCPCS	G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
HCPCS	G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
HCPCS	G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
HCPCS	G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
HCPCS	G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes

Type of Code	Code	Description
HCPCS	G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting)
HCPCS	G0166	External counterpulsation, per treatment session
HCPCS	G0219	PET imaging whole body; melanoma for non-covered indications
HCPCS	G0235	PET imaging, any site, not otherwise specified
HCPCS	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
HCPCS	G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care
HCPCS	G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281
HCPCS	G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
HCPCS	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
HCPCS	G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes
HCPCS	G0302	Pre-operative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services
HCPCS	G0303	Pre-operative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services
HCPCS	G0304	Pre-operative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services
HCPCS	G0305	Post-discharge pulmonary surgery services after LVRS, minimum of 6 days of services
HCPCS	G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment
HCPCS	G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment
HCPCS	G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion

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Type of Code	Code	Description
HCPCS	G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion
HCPCS	G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion
HCPCS	G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)
HCPCS	G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate
HCPCS	G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
HCPCS	G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
HCPCS	G0495	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
HCPCS	G0496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
HCPCS	G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of Esketamine nasal self-administration, includes 2 hours post-administration observation
HCPCS	G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg Esketamine nasal self-administration, includes 2 hours post-administration observation
HCPCS	G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month
HCPCS	G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month

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Type of Code	Code	Description
HCPCS	G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (List separately in addition to code for primary procedure)
HCPCS	G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes
HCPCS	G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
HCPCS	G6003	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev
HCPCS	G6004	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev
HCPCS	G6005	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev
HCPCS	G6006	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater
HCPCS	G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev
HCPCS	G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev
HCPCS	G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev
HCPCS	G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater
HCPCS	G6011	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev
HCPCS	G6012	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev

Type of Code	Code	Description
HCPCS	G6013	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev
HCPCS	G6014	Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater
HCPCS	G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session
HCPCS	H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)
HCPCS	H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
HCPCS	H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)
HCPCS	H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)
HCPCS	H0014	Alcohol and/or drug services; ambulatory detoxification
HCPCS	H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
HCPCS	H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem
HCPCS	H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem
HCPCS	H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
HCPCS	H0035	Mental health partial hospitalization, treatment, less than 24 hours
HCPCS	H2000	Comprehensive multidisciplinary evaluation
HCPCS	H2001	Rehabilitation program, per 1/2 day
HCPCS	H2012	Behavioral health day treatment, per hour
HCPCS	H2013	Psychiatric health facility service, per diem
HCPCS	H2035	Alcohol and/or other drug treatment program, per hour
HCPCS	H2036	Alcohol and/or other drug treatment program, per diem
HCPCS	J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU

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Type of Code	Code	Description
HCPCS	J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
HCPCS	K0001	Standard wheelchair
HCPCS	K0002	Standard hemi (low seat) wheelchair
HCPCS	K0003	Lightweight wheelchair
HCPCS	K0004	High strength, lightweight wheelchair
HCPCS	K0006	Heavy duty wheelchair
HCPCS	K0007	Extra heavy duty wheelchair
HCPCS	K0008	Custom manual wheelchair/base
HCPCS	K0009	Other manual wheelchair/base
HCPCS	K0010	Standard - weight frame motorized/power wheelchair
HCPCS	K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
HCPCS	K0012	Lightweight portable motorized/power wheelchair
HCPCS	K0013	Custom motorized/power wheelchair base
HCPCS	K0014	Other motorized/power wheelchair base
HCPCS	K0015	Detachable, non-adjustable height armrest, replacement only, each
HCPCS	K0017	Detachable, adjustable height armrest, base, replacement only, each
HCPCS	K0018	Detachable, adjustable height armrest, upper portion, replacement only, each
HCPCS	K0019	Arm pad, replacement only, each
HCPCS	K0020	Fixed, adjustable height armrest, pair
HCPCS	K0037	High mount flip-up footrest, each
HCPCS	K0038	Leg strap, each
HCPCS	K0039	Leg strap, H style, each
HCPCS	K0040	Adjustable angle footplate, each
HCPCS	K0041	Large size footplate, each
HCPCS	K0042	Standard size footplate, replacement only, each
HCPCS	K0043	Footrest, lower extension tube, replacement only, each

Type of Code	Code	Description
HCPCS	K0044	Footrest, upper hanger bracket, replacement only, each
HCPCS	K0045	Footrest, complete assembly, replacement only, each
HCPCS	K0046	Elevating legrest, lower extension tube, replacement only, each
HCPCS	K0047	Elevating legrest, upper hanger bracket, replacement only, each
HCPCS	K0050	Ratchet assembly, replacement only
HCPCS	K0051	Cam release assembly, footrest or legrest, replacement only, each
HCPCS	K0052	Swingaway, detachable footrests, replacement only, each
HCPCS	K0053	Elevating footrests, articulating (telescoping), each
HCPCS	K0056	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair
HCPCS	K0065	Spoke protectors, each
HCPCS	K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each
HCPCS	K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each
HCPCS	K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each
HCPCS	K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each
HCPCS	K0073	Caster pin lock, each
HCPCS	K0077	Front caster assembly, complete, with solid tire, replacement only, each
HCPCS	K0098	Drive belt for power wheelchair, replacement only
HCPCS	K0108	Wheelchair component or accessory, not otherwise specified
HCPCS	K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)
HCPCS	K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)
HCPCS	K0552	Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each
HCPCS	K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
HCPCS	K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system
HCPCS	K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type

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Type of Code	Code	Description
HCPCS	K0607	Replacement battery for automated external defibrillator, garment type only, each
HCPCS	K0730	Controlled dose inhalation drug delivery system
HCPCS	K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
HCPCS	K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing
HCPCS	K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes
HCPCS	K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes
HCPCS	K0743	Suction pump, home model, portable, for use on wounds
HCPCS	K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less
HCPCS	K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches
HCPCS	K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches
HCPCS	K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
HCPCS	K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds
HCPCS	K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
HCPCS	K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds
HCPCS	K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS	K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds

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Type of Code	Code	Description
HCPCS	K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS	K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds
HCPCS	K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
HCPCS	K0825	Power wheelchair, group 2 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds
HCPCS	K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
HCPCS	K0827	Power wheelchair, group 2 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds
HCPCS	K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
HCPCS	K0829	Power wheelchair, group 2 extra heavy duty, captain's chair, patient weight 601 pounds or more
HCPCS	K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS	K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds
HCPCS	K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS	K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
HCPCS	K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
HCPCS	K0838	Power wheelchair, group 2 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds
HCPCS	K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
HCPCS	K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
HCPCS	K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

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Type of Code	Code	Description
HCPCS	K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
HCPCS	K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
HCPCS	K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS	K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds
HCPCS	K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
HCPCS	K0851	Power wheelchair, group 3 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds
HCPCS	K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
HCPCS	K0853	Power wheelchair, group 3 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds
HCPCS	K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
HCPCS	K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more
HCPCS	K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS	K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
HCPCS	K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds
HCPCS	K0859	Power wheelchair, group 3 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds
HCPCS	K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
HCPCS	K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS	K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds

Type of Code	Code	Description
HCPCS	K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
HCPCS	K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more
HCPCS	K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS	K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds
HCPCS	K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
HCPCS	K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
HCPCS	K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS	K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
HCPCS	K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
HCPCS	K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds
HCPCS	K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
HCPCS	K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
HCPCS	K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
HCPCS	K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
HCPCS	K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
HCPCS	K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control

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Type of Code	Code	Description
HCPCS	K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
HCPCS	K1024	Non-pneumatic compression controller with sequential calibrated gradient pressure
HCPCS	K1025	Non-pneumatic sequential compression garment, full arm
HCPCS	L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
HCPCS	L0113	Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment
HCPCS	L0130	Cervical, flexible, thermoplastic collar, molded to patient
HCPCS	L0140	Cervical, semi-rigid, adjustable (plastic collar)
HCPCS	L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)
HCPCS	L0170	Cervical, collar, molded to patient model
HCPCS	L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable
HCPCS	L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)
HCPCS	L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension
HCPCS	L0220	Thoracic, rib belt, custom fabricated
HCPCS	L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf
HCPCS	L0452	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated
HCPCS	L0454	TLSO flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise

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Type of Code	Code	Description
HCPCS	L0455	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf
HCPCS	L0456	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L0457	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf
HCPCS	L0458	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
HCPCS	L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L0462	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment

Type of Code	Code	Description
HCPCS	L0464	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
HCPCS	L0466	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L0467	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf
HCPCS	L0468	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L0469	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf
HCPCS	L0470	TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment

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Type of Code	Code	Description
HCPCS	L0472	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment
HCPCS	L0480	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
HCPCS	L0482	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
HCPCS	L0484	TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
HCPCS	L0486	TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
HCPCS	L0488	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment

Type of Code	Code	Description
HCPCS	L0490	TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment
HCPCS	L0491	TLSO, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
HCPCS	L0492	TLSO, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
HCPCS	L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
HCPCS	L0623	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf
HCPCS	L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
HCPCS	L0629	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated

Type of Code	Code	Description
HCPCS	L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L0632	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
HCPCS	L0633	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L0634	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated
HCPCS	L0635	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment
HCPCS	L0636	Lumbar sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated

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Type of Code	Code	Description
HCPCS	L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L0638	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
HCPCS	L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L0640	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated
HCPCS	L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
HCPCS	L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf

Type of Code	Code	Description
HCPCS	L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
HCPCS	L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
HCPCS	L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
HCPCS	L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf
HCPCS	L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf
HCPCS	L0700	Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)
HCPCS	L0710	CTLSO, anterior-posterior-lateral-control, molded to patient model, with interface material, (Minerva type)
HCPCS	L0810	Halo procedure, cervical halo incorporated into jacket vest
HCPCS	L0820	Halo procedure, cervical halo incorporated into plaster body jacket
HCPCS	L0830	Halo procedure, cervical halo incorporated into milwaukee type orthosis
HCPCS	L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material

Type of Code	Code	Description
HCPCS	L0861	Addition to halo procedure, replacement liner/interface material
HCPCS	L0970	TLSO, corset front
HCPCS	L0972	LSO, corset front
HCPCS	L0974	TLSO, full corset
HCPCS	L0976	LSO, full corset
HCPCS	L0978	Axillary crutch extension
HCPCS	L0984	Protective body sock, prefabricated, off-the-shelf, each
HCPCS	L0999	Addition to spinal orthosis, not otherwise specified
HCPCS	L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthosis, including model
HCPCS	L1001	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment
HCPCS	L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment
HCPCS	L1010	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, axilla sling
HCPCS	L1020	Addition to CTLSO or scoliosis orthosis, kyphosis pad
HCPCS	L1025	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating
HCPCS	L1030	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad
HCPCS	L1040	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad
HCPCS	L1050	Addition to CTLSO or scoliosis orthosis, sternal pad
HCPCS	L1060	Addition to CTLSO or scoliosis orthosis, thoracic pad
HCPCS	L1070	Addition to CTLSO or scoliosis orthosis, trapezius sling
HCPCS	L1080	Addition to CTLSO or scoliosis orthosis, outrigger
HCPCS	L1085	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions
HCPCS	L1090	Addition to CTLSO or scoliosis orthosis, lumbar sling
HCPCS	L1100	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather
HCPCS	L1110	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model
HCPCS	L1120	Addition to CTLSO, scoliosis orthosis, cover for upright, each
HCPCS	L1200	Thoracic-lumbar-sacral-orthosis (TLSO), inclusive of furnishing initial orthosis only

Type of Code	Code	Description
HCPCS	L1210	Addition to TLSO, (low profile), lateral thoracic extension
HCPCS	L1220	Addition to TLSO, (low profile), anterior thoracic extension
HCPCS	L1230	Addition to TLSO, (low profile), Milwaukee type superstructure
HCPCS	L1240	Addition to TLSO, (low profile), lumbar derotation pad
HCPCS	L1250	Addition to TLSO, (low profile), anterior ASIS pad
HCPCS	L1260	Addition to TLSO, (low profile), anterior thoracic derotation pad
HCPCS	L1270	Addition to TLSO, (low profile), abdominal pad
HCPCS	L1280	Addition to TLSO, (low profile), rib gusset (elastic), each
HCPCS	L1290	Addition to TLSO, (low profile), lateral trochanteric pad
HCPCS	L1300	Other scoliosis procedure, body jacket molded to patient model
HCPCS	L1310	Other scoliosis procedure, post-operative body jacket
HCPCS	L1499	Spinal orthosis, not otherwise specified
HCPCS	L1600	Hip orthosis, abduction control of hip joints, flexible, Frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an inidividual with expertise
HCPCS	L1610	Hip orthosis, abduction control of hip joints, flexible, (Frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L1620	Hip orthosis, abduction control of hip joints, flexible, (Pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L1630	Hip orthosis, abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated
HCPCS	L1640	Hip orthosis, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated
HCPCS	L1650	Hip orthosis, abduction control of hip joints, static, adjustable, (Ilfled type), prefabricated, includes fitting and adjustment
HCPCS	L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type

Type of Code	Code	Description
HCPCS	L1660	Hip orthosis, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment
HCPCS	L1680	Hip orthosis, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated
HCPCS	L1685	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, custom fabricated
HCPCS	L1686	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment
HCPCS	L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment
HCPCS	L1700	Legg Perthes orthosis, (Toronto type), custom fabricated
HCPCS	L1710	Legg Perthes orthosis, (Newington type), custom fabricated
HCPCS	L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated
HCPCS	L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated
HCPCS	L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated
HCPCS	L1810	Knee orthosis, elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L1820	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment
HCPCS	L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf
HCPCS	L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment
HCPCS	L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf
HCPCS	L1834	Knee orthosis, without knee joint, rigid, custom fabricated
HCPCS	L1840	Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated

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Type of Code	Code	Description
HCPCS	L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated
HCPCS	L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated
HCPCS	L1847	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf
HCPCS	L1850	Knee orthosis, swedish type, prefabricated, off-the-shelf
HCPCS	L1860	Knee orthosis, modification of supracondylar prosthetic socket, custom fabricated (SK)
HCPCS	L1900	Ankle foot orthosis, spring wire, dorsiflexion assist calf band, custom fabricated
HCPCS	L1902	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf
HCPCS	L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated
HCPCS	L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf
HCPCS	L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated
HCPCS	L1910	Ankle foot orthosis, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment
HCPCS	L1920	Ankle foot orthosis, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated
HCPCS	L1930	Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment

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Type of Code	Code	Description
HCPCS	L1932	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment
HCPCS	L1940	Ankle foot orthosis, plastic or other material, custom fabricated
HCPCS	L1945	Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom fabricated
HCPCS	L1950	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic, custom fabricated
HCPCS	L1951	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment
HCPCS	L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated
HCPCS	L1970	Ankle foot orthosis, plastic with ankle joint, custom fabricated
HCPCS	L1971	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment
HCPCS	L1980	Ankle foot orthosis, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom fabricated
HCPCS	L1990	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated
HCPCS	L2000	Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated
HCPCS	L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated
HCPCS	L2006	Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated
HCPCS	L2010	Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated
HCPCS	L2020	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated
HCPCS	L2030	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated

Type of Code	Code	Description
HCPCS	L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated
HCPCS	L2035	Knee ankle foot orthosis, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment
HCPCS	L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated
HCPCS	L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated
HCPCS	L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated
HCPCS	L2040	Hip knee ankle foot orthosis, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated
HCPCS	L2050	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated
HCPCS	L2060	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated
HCPCS	L2070	Hip knee ankle foot orthosis, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated
HCPCS	L2080	Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated
HCPCS	L2090	Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated
HCPCS	L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt
HCPCS	L2200	Addition to lower extremity, limited ankle motion, each joint
HCPCS	L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint
HCPCS	L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint
HCPCS	L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment
HCPCS	L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only
HCPCS	L2240	Addition to lower extremity, round caliper and plate attachment

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Type of Code	Code	Description
HCPCS	L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment
HCPCS	L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)
HCPCS	L2265	Addition to lower extremity, long tongue stirrup
HCPCS	L2270	Addition to lower extremity, varus/valgus correction ('T') strap, padded/lined or malleolus pad
HCPCS	L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
HCPCS	L2280	Addition to lower extremity, molded inner boot
HCPCS	L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable
HCPCS	L2310	Addition to lower extremity, abduction bar-straight
HCPCS	L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only
HCPCS	L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
HCPCS	L2335	Addition to lower extremity, anterior swing band
HCPCS	L2340	Addition to lower extremity, pre-tibial shell, molded to patient model
HCPCS	L2350	Addition to lower extremity, prosthetic type, (bk) socket, molded to patient model, (used for PTB 'AFO' orthoses)
HCPCS	L2360	Addition to lower extremity, extended steel shank
HCPCS	L2370	Addition to lower extremity, Patten bottom
HCPCS	L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup
HCPCS	L2380	Addition to lower extremity, torsion control, straight knee joint, each joint
HCPCS	L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint
HCPCS	L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint
HCPCS	L2390	Addition to lower extremity, offset knee joint, each joint
HCPCS	L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint
HCPCS	L2397	Addition to lower extremity orthosis, suspension sleeve
HCPCS	L2405	Addition to knee joint, drop lock, each
HCPCS	L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint
HCPCS	L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint
HCPCS	L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint

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Type of Code	Code	Description
HCPCS	L2492	Addition to knee joint, lift loop for drop lock ring
HCPCS	L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring
HCPCS	L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model
HCPCS	L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted
HCPCS	L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model
HCPCS	L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted
HCPCS	L2530	Addition to lower extremity, thigh-weight bearing, lacer, non-molded
HCPCS	L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model
HCPCS	L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff
HCPCS	L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type two position joint, each
HCPCS	L2580	Addition to lower extremity, pelvic control, pelvic sling
HCPCS	L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each
HCPCS	L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each
HCPCS	L2620	Addition to lower extremity, pelvic control, hip joint, heavy duty, each
HCPCS	L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each
HCPCS	L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each
HCPCS	L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables
HCPCS	L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables
HCPCS	L2630	Addition to lower extremity, pelvic control, band and belt, unilateral
HCPCS	L2640	Addition to lower extremity, pelvic control, band and belt, bilateral
HCPCS	L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each
HCPCS	L2660	Addition to lower extremity, thoracic control, thoracic band
HCPCS	L2670	Addition to lower extremity, thoracic control, paraspinal uprights
HCPCS	L2680	Addition to lower extremity, thoracic control, lateral support uprights
HCPCS	L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)

Type of Code	Code	Description
HCPCS	L2768	Orthotic side bar disconnect device, per bar
HCPCS	L2785	Addition to lower extremity orthosis, drop lock retainer, each
HCPCS	L2795	Addition to lower extremity orthosis, knee control, full kneecap
HCPCS	L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only
HCPCS	L2810	Addition to lower extremity orthosis, knee control, condylar pad
HCPCS	L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section
HCPCS	L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section
HCPCS	L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each
HCPCS	L2999	Lower extremity orthoses, not otherwise specified
HCPCS	L3215	Orthopedic footwear, ladies shoe, Oxford, each
HCPCS	L3216	Orthopedic footwear, ladies shoe, depth inlay, each
HCPCS	L3219	Orthopedic footwear, mens shoe, Oxford, each
HCPCS	L3221	Orthopedic footwear, mens shoe, depth inlay, each
HCPCS	L3224	Orthopedic footwear, woman's shoe, Oxford, used as an integral part of a brace (orthosis)
HCPCS	L3225	Orthopedic footwear, man's shoe, Oxford, used as an integral part of a brace (orthosis)
HCPCS	L3230	Orthopedic footwear, custom shoe, depth inlay, each
HCPCS	L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
HCPCS	L3251	Foot, shoe molded to patient model, silicone shoe, each
HCPCS	L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each
HCPCS	L3253	Foot, molded shoe Plastazote (or similar) custom fitted, each
HCPCS	L3254	Non-standard size or width
HCPCS	L3255	Non-standard size or length
HCPCS	L3650	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf
HCPCS	L3670	Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf

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Type of Code	Code	Description
HCPCS	L3671	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3674	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3677	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3710	Elbow orthosis, elastic with metal joints, prefabricated, off-the-shelf
HCPCS	L3720	Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom fabricated
HCPCS	L3730	Elbow orthosis, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated
HCPCS	L3740	Elbow orthosis, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated
HCPCS	L3760	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3764	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3766	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3806	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment

Type of Code	Code	Description
HCPCS	L3807	Wrist hand finger orthosis, without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L3808	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment
HCPCS	L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each
HCPCS	L3900	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated
HCPCS	L3901	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated
HCPCS	L3904	Wrist hand finger orthosis, external powered, electric, custom fabricated
HCPCS	L3905	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3906	Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3908	Wrist hand orthosis, wrist extension control cock-up, non molded, prefabricated, off-the-shelf
HCPCS	L3912	Hand finger orthosis (HFO), flexion glove with elastic finger control, prefabricated, off-the-shelf
HCPCS	L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3915	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3921	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment

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Type of Code	Code	Description
HCPCS	L3923	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L3929	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L3931	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment
HCPCS	L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment
HCPCS	L3935	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment
HCPCS	L3956	Addition of joint to upper extremity orthosis, any material; per joint
HCPCS	L3960	Shoulder elbow wrist hand orthosis, abduction positioning, airplane design, prefabricated, includes fitting and adjustment
HCPCS	L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3962	Shoulder elbow wrist hand orthosis, abduction positioning, Erb's palsey design, prefabricated, includes fitting and adjustment
HCPCS	L3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment

Type of Code	Code	Description
HCPCS	L3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
HCPCS	L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments
HCPCS	L3999	Upper limb orthosis, not otherwise specified
HCPCS	L4000	Replace girdle for spinal orthosis (CTLSO or SO)
HCPCS	L4002	Replacement strap, any orthosis, includes all components, any length, any type
HCPCS	L4010	Replace trilateral socket brim
HCPCS	L4020	Replace quadrilateral socket brim, molded to patient model
HCPCS	L4030	Replace quadrilateral socket brim, custom fitted
HCPCS	L4040	Replace molded thigh lacer, for custom fabricated orthosis only
HCPCS	L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only
HCPCS	L4050	Replace molded calf lacer, for custom fabricated orthosis only
HCPCS	L4055	Replace non-molded calf lacer, for custom fabricated orthosis only
HCPCS	L4060	Replace high roll cuff
HCPCS	L4070	Replace proximal and distal upright for KAFO
HCPCS	L4080	Replace metal bands KAFO, proximal thigh
HCPCS	L4090	Replace metal bands KAFO-AFO, calf or distal thigh
HCPCS	L4100	Replace leather cuff KAFO, proximal thigh
HCPCS	L4110	Replace leather cuff KAFO-AFO, calf or distal thigh
HCPCS	L4130	Replace pretibial shell

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Type of Code	Code	Description
HCPCS	L4205	Repair of orthotic device, labor component, per 15 minutes
HCPCS	L4210	Repair of orthotic device, repair or replace minor parts
HCPCS	L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf
HCPCS	L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
HCPCS	L4370	Pneumatic full leg splint, prefabricated, off-the-shelf
HCPCS	L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf
HCPCS	L4392	Replacement, soft interface material, static AFO
HCPCS	L4394	Replace soft interface material, foot drop splint
HCPCS	L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
HCPCS	L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf
HCPCS	L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated
HCPCS	L5000	Partial foot, shoe insert with longitudinal arch, toe filler
HCPCS	L5010	Partial foot, molded socket, ankle height, with toe filler
HCPCS	L5020	Partial foot, molded socket, tibial tubercle height, with toe filler
HCPCS	L5050	Ankle, Symes, molded socket, SACH foot

Type of Code	Code	Description
HCPCS	L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot
HCPCS	L5100	Below knee, molded socket, shin, SACH foot
HCPCS	L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot
HCPCS	L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot
HCPCS	L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot
HCPCS	L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot
HCPCS	L5210	Above knee, short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each
HCPCS	L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each
HCPCS	L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot
HCPCS	L5250	Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot
HCPCS	L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot
HCPCS	L5280	Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot
HCPCS	L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system
HCPCS	L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system
HCPCS	L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee
HCPCS	L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot
HCPCS	L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot
HCPCS	L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee
HCPCS	L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment
HCPCS	L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'AK' or knee disarticulation
HCPCS	L5430	Immediate post surgical or early fitting, application of initial rigid dressing, incl. fitting, alignment and supension, 'AK' or knee disarticulation, each additional cast change and realignment

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Type of Code	Code	Description
HCPCS	L5450	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee
HCPCS	L5460	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee
HCPCS	L5500	Initial, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed
HCPCS	L5505	Initial, above knee, knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed
HCPCS	L5510	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model
HCPCS	L5520	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
HCPCS	L5530	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
HCPCS	L5535	Preparatory, below knee PTB type socket, non-alignable system, no cover, SACH foot, prefabricated, adjustable open end socket
HCPCS	L5540	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model
HCPCS	L5560	Preparatory, above knee, knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model
HCPCS	L5570	Preparatory, above knee, knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
HCPCS	L5580	Preparatory, above knee, knee disarticulation ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
HCPCS	L5585	Preparatory, above knee, knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket
HCPCS	L5590	Preparatory, above knee, knee disarticulation ischial level socket, non-alignable system, pylon no cover, SACH foot, laminated socket, molded to model
HCPCS	L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model

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Type of Code	Code	Description
HCPCS	L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model
HCPCS	L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system
HCPCS	L5611	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4 bar linkage, with friction swing phase control
HCPCS	L5613	Addition to lower extremity, endoskeletal system, above knee, knee disarticulation, 4 bar linkage, with hydraulic swing phase control
HCPCS	L5614	Addition to lower extremity, exoskeletal system, above knee, knee disarticulation, 4 bar linkage, with pneumatic swing phase control
HCPCS	L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control
HCPCS	L5617	Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each
HCPCS	L5618	Addition to lower extremity, test socket, Symes
HCPCS	L5620	Addition to lower extremity, test socket, below knee
HCPCS	L5622	Addition to lower extremity, test socket, knee disarticulation
HCPCS	L5624	Addition to lower extremity, test socket, above knee
HCPCS	L5626	Addition to lower extremity, test socket, hip disarticulation
HCPCS	L5628	Addition to lower extremity, test socket, hemipelvectomy
HCPCS	L5629	Addition to lower extremity, below knee, acrylic socket
HCPCS	L5630	Addition to lower extremity, symes type, expandable wall socket
HCPCS	L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket
HCPCS	L5632	Addition to lower extremity, Symes type, PTB brim design socket
HCPCS	L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket
HCPCS	L5636	Addition to lower extremity, symes type, medial opening socket
HCPCS	L5637	Addition to lower extremity, below knee, total contact
HCPCS	L5638	Addition to lower extremity, below knee, leather socket
HCPCS	L5639	Addition to lower extremity, below knee, wood socket

Type of Code	Code	Description
HCPCS	L5640	Addition to lower extremity, knee disarticulation, leather socket
HCPCS	L5642	Addition to lower extremity, above knee, leather socket
HCPCS	L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
HCPCS	L5644	Addition to lower extremity, above knee, wood socket
HCPCS	L5645	Addition to lower extremity, below knee, flexible inner socket, external frame
HCPCS	L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket
HCPCS	L5647	Addition to lower extremity, below knee suction socket
HCPCS	L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket
HCPCS	L5649	Addition to lower extremity, ischial containment/narrow M-L socket
HCPCS	L5650	Additions to lower extremity, total contact, above knee or knee disarticulation socket
HCPCS	L5651	Addition to lower extremity, above knee, flexible inner socket, external frame
HCPCS	L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket
HCPCS	L5653	Addition to lower extremity, knee disarticulation, expandable wall socket
HCPCS	L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)
HCPCS	L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)
HCPCS	L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)
HCPCS	L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)
HCPCS	L5661	Addition to lower extremity, socket insert, multidurometer Symes
HCPCS	L5665	Addition to lower extremity, socket insert, multidurometer, below knee
HCPCS	L5666	Addition to lower extremity, below knee, cuff suspension
HCPCS	L5668	Addition to lower extremity, below knee, molded distal cushion
HCPCS	L5670	Addition to lower extremity, below knee, molded supracondylar suspension (PTS or similar)
HCPCS	L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert
HCPCS	L5672	Addition to lower extremity, below knee, removable medial brim suspension
HCPCS	L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism

Type of Code	Code	Description
HCPCS	L5676	Additions to lower extremity, below knee, knee joints, single axis, pair
HCPCS	L5677	Additions to lower extremity, below knee, knee joints, polycentric, pair
HCPCS	L5678	Additions to lower extremity, below knee, joint covers, pair
HCPCS	L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism
HCPCS	L5680	Addition to lower extremity, below knee, thigh lacer, nonmolded
HCPCS	L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)
HCPCS	L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded
HCPCS	L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)
HCPCS	L5684	Addition to lower extremity, below knee, fork strap
HCPCS	L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each
HCPCS	L5686	Addition to lower extremity, below knee, back check (extension control)
HCPCS	L5688	Addition to lower extremity, below knee, waist belt, webbing
HCPCS	L5690	Addition to lower extremity, below knee, waist belt, padded and lined
HCPCS	L5692	Addition to lower extremity, above knee, pelvic control belt, light
HCPCS	L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined
HCPCS	L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each
HCPCS	L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint
HCPCS	L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band
HCPCS	L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage
HCPCS	L5699	All lower extremity prostheses, shoulder harness
HCPCS	L5700	Replacement, socket, below knee, molded to patient model

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Type of Code	Code	Description
HCPCS	L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model
HCPCS	L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model
HCPCS	L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only
HCPCS	L5704	Custom shaped protective cover, below knee
HCPCS	L5705	Custom shaped protective cover, above knee
HCPCS	L5706	Custom shaped protective cover, knee disarticulation
HCPCS	L5707	Custom shaped protective cover, hip disarticulation
HCPCS	L5710	Addition, exoskeletal knee-shin system, single axis, manual lock
HCPCS	L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material
HCPCS	L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
HCPCS	L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control
HCPCS	L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock
HCPCS	L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control
HCPCS	L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
HCPCS	L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control
HCPCS	L5726	Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control
HCPCS	L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control
HCPCS	L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control
HCPCS	L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system
HCPCS	L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty
HCPCS	L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)
HCPCS	L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)
HCPCS	L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
HCPCS	L5810	Addition, endoskeletal knee-shin system, single axis, manual lock
HCPCS	L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material

Type of Code	Code	Description
HCPCS	L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
HCPCS	L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock
HCPCS	L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock
HCPCS	L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control
HCPCS	L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
HCPCS	L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control
HCPCS	L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame
HCPCS	L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control
HCPCS	L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control
HCPCS	L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control
HCPCS	L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable
HCPCS	L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability
HCPCS	L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist
HCPCS	L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist
HCPCS	L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type
HCPCS	L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type
HCPCS	L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
HCPCS	L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)
HCPCS	L5910	Addition, endoskeletal system, below knee, alignable system
HCPCS	L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system

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Type of Code	Code	Description
HCPCS	L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock
HCPCS	L5930	Addition, endoskeletal system, high activity knee control frame
HCPCS	L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)
HCPCS	L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)
HCPCS	L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
HCPCS	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
HCPCS	L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system
HCPCS	L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system
HCPCS	L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system
HCPCS	L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature
HCPCS	L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)
HCPCS	L5970	All lower extremity prostheses, foot, external keel, SACH foot
HCPCS	L5971	All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only
HCPCS	L5972	All lower extremity prostheses, foot, flexible keel
HCPCS	L5974	All lower extremity prostheses, foot, single axis ankle/foot
HCPCS	L5975	All lower extremity prosthesis, combination single axis ankle and flexible keel foot
HCPCS	L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)
HCPCS	L5978	All lower extremity prostheses, foot, multiaxial ankle/foot
HCPCS	L5979	All lower extremity prosthesis, multiaxial ankle, dynamic response foot, one piece system
HCPCS	L5980	All lower extremity prostheses, flex-foot system
HCPCS	L5981	All lower extremity prostheses, flex-walk system or equal
HCPCS	L5982	All exoskeletal lower extremity prostheses, axial rotation unit
HCPCS	L5984	All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability
HCPCS	L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon
HCPCS	L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)
HCPCS	L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon

Type of Code	Code	Description
HCPCS	L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature
HCPCS	L5990	Addition to lower extremity prosthesis, user adjustable heel height
HCPCS	L5999	Lower extremity prosthesis, not otherwise specified
HCPCS	L6000	Partial hand, thumb remaining
HCPCS	L6010	Partial hand, little and/or ring finger remaining
HCPCS	L6020	Partial hand, no finger remaining
HCPCS	L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)
HCPCS	L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad
HCPCS	L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad
HCPCS	L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad
HCPCS	L6110	Below elbow, molded socket, (Muenster or Northwestern suspension types)
HCPCS	L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff
HCPCS	L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff
HCPCS	L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm
HCPCS	L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm
HCPCS	L6250	Above elbow, molded double wall socket, internal locking elbow, forearm
HCPCS	L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
HCPCS	L6310	Shoulder disarticulation, passive restoration (complete prosthesis)
HCPCS	L6320	Shoulder disarticulation, passive restoration (shoulder cap only)
HCPCS	L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
HCPCS	L6360	Interscapular thoracic, passive restoration (complete prosthesis)
HCPCS	L6370	Interscapular thoracic, passive restoration (shoulder cap only)
HCPCS	L6380	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow

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Type of Code	Code	Description
HCPCS	L6382	Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow
HCPCS	L6384	Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic
HCPCS	L6386	Immediate post surgical or early fitting, each additional cast change and realignment
HCPCS	L6388	Immediate post surgical or early fitting, application of rigid dressing only
HCPCS	L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
HCPCS	L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
HCPCS	L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
HCPCS	L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
HCPCS	L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping
HCPCS	L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model
HCPCS	L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed
HCPCS	L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model
HCPCS	L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed
HCPCS	L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model
HCPCS	L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed
HCPCS	L6600	Upper extremity additions, polycentric hinge, pair
HCPCS	L6605	Upper extremity additions, single pivot hinge, pair
HCPCS	L6610	Upper extremity additions, flexible metal hinge, pair

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Type of Code	Code	Description
HCPCS	L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type
HCPCS	L6615	Upper extremity addition, disconnect locking wrist unit
HCPCS	L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each
HCPCS	L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction
HCPCS	L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device
HCPCS	L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release
HCPCS	L6624	Upper extremity addition, flexion/extension and rotation wrist unit
HCPCS	L6625	Upper extremity addition, rotation wrist unit with cable lock
HCPCS	L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal
HCPCS	L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal
HCPCS	L6630	Upper extremity addition, stainless steel, any wrist
HCPCS	L6632	Upper extremity addition, latex suspension sleeve, each
HCPCS	L6635	Upper extremity addition, lift assist for elbow
HCPCS	L6637	Upper extremity addition, nudge control elbow lock
HCPCS	L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow
HCPCS	L6640	Upper extremity additions, shoulder abduction joint, pair
HCPCS	L6641	Upper extremity addition, excursion amplifier, pulley type
HCPCS	L6642	Upper extremity addition, excursion amplifier, lever type
HCPCS	L6645	Upper extremity addition, shoulder flexion-abduction joint, each
HCPCS	L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system
HCPCS	L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator
HCPCS	L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator
HCPCS	L6650	Upper extremity addition, shoulder universal joint, each
HCPCS	L6655	Upper extremity addition, standard control cable, extra
HCPCS	L6660	Upper extremity addition, heavy duty control cable

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Type of Code	Code	Description
HCPCS	L6665	Upper extremity addition, Teflon, or equal, cable lining
HCPCS	L6670	Upper extremity addition, hook to hand, cable adapter
HCPCS	L6672	Upper extremity addition, harness, chest or shoulder, saddle type
HCPCS	L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design
HCPCS	L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design
HCPCS	L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
HCPCS	L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow
HCPCS	L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow
HCPCS	L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic
HCPCS	L6686	Upper extremity addition, suction socket
HCPCS	L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation
HCPCS	L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation
HCPCS	L6689	Upper extremity addition, frame type socket, shoulder disarticulation
HCPCS	L6690	Upper extremity addition, frame type socket, interscapular-thoracic
HCPCS	L6691	Upper extremity addition, removable insert, each
HCPCS	L6692	Upper extremity addition, silicone gel insert or equal, each
HCPCS	L6693	Upper extremity addition, locking elbow, forearm counterbalance
HCPCS	L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
HCPCS	L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism
HCPCS	L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)
HCPCS	L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)

Type of Code	Code	Description
HCPCS	L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert
HCPCS	L6703	Terminal device, passive hand/mitt, any material, any size
HCPCS	L6704	Terminal device, sport/recreational/work attachment, any material, any size
HCPCS	L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined
HCPCS	L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined
HCPCS	L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size
HCPCS	L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size
HCPCS	L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric
HCPCS	L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric
HCPCS	L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric
HCPCS	L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric
HCPCS	L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement
HCPCS	L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined
HCPCS	L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined
HCPCS	L6805	Addition to terminal device, modifier wrist unit
HCPCS	L6810	Addition to terminal device, precision pinch device
HCPCS	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)
HCPCS	L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device
HCPCS	L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device
HCPCS	L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power
HCPCS	L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power

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Type of Code	Code	Description
HCPCS	L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power
HCPCS	L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment
HCPCS	L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated
HCPCS	L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining
HCPCS	L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining
HCPCS	L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining
HCPCS	L6915	Hand restoration (shading, and measurements included), replacement glove for above
HCPCS	L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal, switch, cables, two batteries and one charger, switch control of terminal device
HCPCS	L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
HCPCS	L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
HCPCS	L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
HCPCS	L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
HCPCS	L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
HCPCS	L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device

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Type of Code	Code	Description
HCPCS	L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
HCPCS	L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
HCPCS	L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
HCPCS	L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
HCPCS	L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
HCPCS	L7007	Electric hand, switch or myoelectric controlled, adult
HCPCS	L7008	Electric hand, switch or myoelectric, controlled, pediatric
HCPCS	L7009	Electric hook, switch or myoelectric controlled, adult
HCPCS	L7040	Prehensile actuator, switch controlled
HCPCS	L7045	Electric hook, switch or myoelectric controlled, pediatric
HCPCS	L7170	Electronic elbow, hosmer or equal, switch controlled
HCPCS	L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device
HCPCS	L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device
HCPCS	L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled
HCPCS	L7186	Electronic elbow, child, Variety Village or equal, switch controlled
HCPCS	L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled
HCPCS	L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled

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Type of Code	Code	Description
HCPCS	L7259	Electronic wrist rotator, any type
HCPCS	L7360	Six volt battery, each
HCPCS	L7362	Battery charger, six volt, each
HCPCS	L7364	Twelve volt battery, each
HCPCS	L7366	Battery charger, twelve volt, each
HCPCS	L7367	Lithium ion battery, rechargeable, replacement
HCPCS	L7368	Lithium ion battery charger, replacement only
HCPCS	L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)
HCPCS	L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)
HCPCS	L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)
HCPCS	L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material
HCPCS	L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material
HCPCS	L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material
HCPCS	L7499	Upper extremity prosthesis, not otherwise specified
HCPCS	L7510	Repair of prosthetic device, repair or replace minor parts
HCPCS	L7520	Repair prosthetic device, labor component, per 15 minutes
HCPCS	L7700	Gasket or seal, for use with prosthetic socket insert, any type, each
HCPCS	L8040	Nasal prosthesis, provided by a non-physician
HCPCS	L8041	Midfacial prosthesis, provided by a non-physician
HCPCS	L8042	Orbital prosthesis, provided by a non-physician
HCPCS	L8043	Upper facial prosthesis, provided by a non-physician
HCPCS	L8044	Hemi-facial prosthesis, provided by a non-physician
HCPCS	L8045	Auricular prosthesis, provided by a non-physician
HCPCS	L8046	Partial facial prosthesis, provided by a non-physician

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Type of Code	Code	Description
HCPCS	L8047	Nasal septal prosthesis, provided by a non-physician
HCPCS	L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician
HCPCS	L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician
HCPCS	L8499	Unlisted procedure for miscellaneous prosthetic services
HCPCS	L8500	Artificial larynx, any type
HCPCS	L8501	Tracheostomy speaking valve
HCPCS	L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each
HCPCS	L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type
HCPCS	L8510	Voice amplifier
HCPCS	L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each
HCPCS	L8600	Implantable breast prosthesis, silicone or equal
HCPCS	L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies
HCPCS	L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies
HCPCS	L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies
HCPCS	L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies
HCPCS	L8609	Artificial cornea
HCPCS	L8610	Ocular implant
HCPCS	L8612	Aqueous shunt
HCPCS	L8613	Ossicula implant
HCPCS	L8614	Cochlear device, includes all internal and external components
HCPCS	L8615	Headset/headpiece for use with cochlear implant device, replacement
HCPCS	L8616	Microphone for use with cochlear implant device, replacement
HCPCS	L8617	Transmitting coil for use with cochlear implant device, replacement
HCPCS	L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement

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Type of Code	Code	Description
HCPCS	L8619	Cochlear implant, external speech processor and controller, integrated system, replacement
HCPCS	L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each
HCPCS	L8627	Cochlear implant, external speech processor, component, replacement
HCPCS	L8628	Cochlear implant, external controller component, replacement
HCPCS	L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement
HCPCS	L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)
HCPCS	L8670	Vascular graft material, synthetic, implant
HCPCS	L8679	Implantable neurostimulator, pulse generator, any type
HCPCS	L8680	Implantable neurostimulator electrode, each
HCPCS	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
HCPCS	L8682	Implantable neurostimulator radiofrequency receiver
HCPCS	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
HCPCS	L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement
HCPCS	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
HCPCS	L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
HCPCS	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
HCPCS	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
HCPCS	L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only
HCPCS	L8690	Auditory osseointegrated device, includes all internal and external components
HCPCS	L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each
HCPCS	L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment

Type of Code	Code	Description
HCPCS	L8693	Auditory osseointegrated device abutment, any length, replacement only
HCPCS	L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each
HCPCS	L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only
HCPCS	L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each
HCPCS	L8698	Miscellaneous component, supply or accessory for use with total artificial heart system
HCPCS	L8699	Prosthetic implant, not otherwise specified
HCPCS	L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code
HCPCS	P9099	Blood component or product not otherwise classified
HCPCS	Q0477	Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only
HCPCS	Q2052	Services, supplies and accessories used in the home under the Medicare intravenous immune globulin (IVIG) demonstration
HCPCS	Q4101	Apligraf, per square centimeter
HCPCS	Q4102	Oasis wound matrix, per square centimeter
HCPCS	Q4104	Integra bilayer matrix wound dressing (BMWD), per square centimeter
HCPCS	Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per square centimeter
HCPCS	Q4106	Dermagraft, per square centimeter
HCPCS	Q4108	Integra matrix, per square centimeter
HCPCS	Q4110	Primatrix, per square centimeter
HCPCS	Q4114	Integra Flowable Wound Matrix, injectable, 1 cc
HCPCS	Q4116	Alloderm, per square centimeter
HCPCS	Q4121	Theraskin, per square centimeter
HCPCS	Q4161	Bio-Connekt wound matrix, per square centimeter
HCPCS	Q4162	Woundex Flow, BioSkin flow, 0.5 cc
HCPCS	Q4163	Woundex, Bioskin, per square centimeter

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Type of Code	Code	Description
HCPCS	Q4164	Helicoll, per square centimeter
HCPCS	Q4165	Keramatrix or Kerasorb, per square centimeter
HCPCS	Q4183	Surgigraft, per square centimeter
HCPCS	Q4184	Cellesta or Cellesta Duo, per square centimeter
HCPCS	Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc
HCPCS	Q4186	Epifix, per square centimeter
HCPCS	Q4187	Epicord, per square centimeter
HCPCS	Q4188	AmnioArmor, per square centimeter
HCPCS	Q4189	Artacent AC, 1 mg
HCPCS	Q4190	Artacent AC, per square centimeter
HCPCS	Q4191	Restorigin, per square centimeter
HCPCS	Q4192	Restorigin, 1 cc
HCPCS	Q4193	Coll-e-Derm, per square centimeter
HCPCS	Q4194	Novachor, per square centimeter
HCPCS	Q4195	PuraPly, per square centimeter
HCPCS	Q4196	PuraPly AM, per square centimeter
HCPCS	Q4197	PuraPly XT, per square centimeter
HCPCS	Q4198	Genesis amniotic membrane, per square centimeter
HCPCS	Q4199	Cygnus Matrix, per square centimeter
HCPCS	Q4200	Skin TE, per square centimeter
HCPCS	Q4201	Matrion, per square centimeter
HCPCS	Q4202	Keroxx (2.5g/cc), 1cc
HCPCS	Q4203	Derma-Gide, per square centimeter
HCPCS	Q4204	XWRAP, per square centimeter
HCPCS	Q4236	Carepatch per sq cm
HCPCS	Q4262	Dual layer impax membrane, per square centimeter

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Type of Code	Code	Description
HCPCS	Q4263	Surgraft tl, per square centimeter
HCPCS	Q4264	Cocoon membrane, per square centimeter
HCPCS	Q5001	Hospice or home health care provided in patient's home/residence
HCPCS	Q5002	Hospice or home health care provided in assisted living facility
HCPCS	Q5003	Hospice care provided in nursing long term care facility (LTC) or non-skilled nursing facility (NF)
HCPCS	Q5004	Hospice care provided in skilled nursing facility (SNF)
HCPCS	Q5005	Hospice care provided in inpatient hospital
HCPCS	Q5006	Hospice care provided in inpatient hospice facility
HCPCS	Q5007	Hospice care provided in long term care facility
HCPCS	Q5008	Hospice care provided in inpatient psychiatric facility
HCPCS	Q5009	Hospice or home health care provided in place not otherwise specified (NOS)
HCPCS	Q5010	Hospice home care provided in a hospice facility
HCPCS	S0390	Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical conditions (e.g., diabetes), per visit
HCPCS	S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)
HCPCS	S2053	Transplantation of small intestine and liver allografts
HCPCS	S2054	Transplantation of multivisceral organs
HCPCS	S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor
HCPCS	S2060	Lobar lung transplantation
HCPCS	S2061	Donor lobectomy (lung) for transplantation, living donor
HCPCS	S2065	Simultaneous pancreas kidney transplantation
HCPCS	S2080	Laser-assisted uvulopalatoplasty (LAUP)
HCPCS	S2103	Adrenal tissue transplant to brain
HCPCS	S2107	Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment
HCPCS	S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)

Type of Code	Code	Description
HCPCS	S2117	Arthroereisis, subtalar
HCPCS	S2120	Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation
HCPCS	S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre-and post-transplant care in the global definition
HCPCS	S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and post-transplant care in the global definition
HCPCS	S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft
HCPCS	S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), two coronary arterial grafts
HCPCS	S2207	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft
HCPCS	S2208	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft
HCPCS	S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using two arterial grafts and single venous graft
HCPCS	S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear
HCPCS	S2235	Implantation of auditory brain stem implant
HCPCS	S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy
HCPCS	S2325	Hip core decompression
HCPCS	S2340	Chemodenervation of abductor muscle(s) of vocal cord
HCPCS	S2341	Chemodenervation of adductor muscle(s) of vocal cord
HCPCS	S2350	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace

Type of Code	Code	Description
HCPCS	S2351	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, each additional interspace (List separately in addition to code for primary procedure)
HCPCS	S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2
HCPCS	S3841	Genetic testing for retinoblastoma
HCPCS	S3842	Genetic testing for Von Hippel-Lindau disease
HCPCS	S3844	DNA analysis of the Connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness
HCPCS	S3845	Genetic testing for alpha-thalassemia
HCPCS	S3846	Genetic testing for hemoglobin e beta-thalassemia
HCPCS	S3849	Genetic testing for Niemann-Pick disease
HCPCS	S3850	Genetic testing for sickle cell anemia
HCPCS	S3853	Genetic testing for myotonic muscular dystrophy
HCPCS	S3854	Gene expression profiling panel for use in the management of breast cancer treatment
HCPCS	S3861	Genetic testing, sodium channel, voltage-gated, Type V, alpha subunit (SCN5A) and variants for suspected Brugada syndrome
HCPCS	S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy
HCPCS	S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family
HCPCS	S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability
HCPCS	S3900	Surface electromyography (EMG)
HCPCS	S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)
HCPCS	S5497	Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

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Type of Code	Code	Description
HCPCS	S5498	Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
HCPCS	S5501	Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S5502	Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)
HCPCS	S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting
HCPCS	S5518	Home infusion therapy, all supplies necessary for catheter repair
HCPCS	S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion
HCPCS	S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion
HCPCS	S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)
HCPCS	S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)
HCPCS	S8035	Magnetic source imaging
HCPCS	S8040	Topographic brain mapping
HCPCS	S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)
HCPCS	S9097	Home visit for wound care
HCPCS	S9098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem
HCPCS	S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
HCPCS	S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)

Type of Code	Code	Description
HCPCS	S9124	Nursing care, in the home; by licensed practical nurse, per hour
HCPCS	S9126	Hospice care, in the home, per diem
HCPCS	S9127	Social work visit, in the home, per diem
HCPCS	S9128	Speech therapy, in the home, per diem
HCPCS	S9129	Occupational therapy, in the home, per diem
HCPCS	S9131	Physical therapy; in the home, per diem
HCPCS	S9140	Diabetic management program, follow-up visit to non-MD provider
HCPCS	S9141	Diabetic management program, follow-up visit to MD provider
HCPCS	S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
HCPCS	S9209	Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
HCPCS	S9211	Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)
HCPCS	S9212	Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
HCPCS	S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)
HCPCS	S9214	Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)

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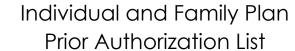| Type of Code	Code	Description
HCPCS	S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)
HCPCS	S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)
HCPCS	S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9339	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9340	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
HCPCS	S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
HCPCS	S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
HCPCS	S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
HCPCS	S9345	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

Type of Code	Code	Description
HCPCS	S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9351	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem
HCPCS	S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9363	Home infusion therapy, anti-spasmotic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

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Type of Code	Code	Description
HCPCS	S9370	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9372	Home therapy; intermittent anticoagulant injection therapy (e.g., heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with heparin to maintain patency)
HCPCS	S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)
HCPCS	S9376	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9377	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem
HCPCS	S9465	Diabetic management program, dietitian visit
HCPCS	S9475	Ambulatory setting substance abuse treatment or detoxification services, per diem
HCPCS	S9480	Intensive outpatient psychiatric services, per diem
HCPCS	S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)
HCPCS	S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

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Type of Code	Code	Description
HCPCS	S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS	S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem
HCPCS	S9960	Ambulance service, conventional air service, nonemergency transport, one way (fixed wing)
HCPCS	S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
HCPCS	V2623	Prosthetic eye, plastic, custom
HCPCS	V2624	Polishing/resurfacing of ocular prosthesis
HCPCS	V2625	Enlargement of ocular prosthesis
HCPCS	V2626	Reduction of ocular prosthesis
HCPCS	V2627	Scleral cover shell
HCPCS	V2628	Fabrication and fitting of ocular conformer
HCPCS	V2629	Prosthetic eye, other type
HCPCS	V5008	Hearing screening
HCPCS	V5010	Assessment for hearing aid
HCPCS	V5011	Fitting/orientation/checking of hearing aid
HCPCS	V5014	Repair/modification of a hearing aid
HCPCS	V5030	Hearing aid, monaural, body worn, air conduction
HCPCS	V5040	Hearing aid, monaural, body worn, bone conduction
HCPCS	V5050	Hearing aid, monaural, in the ear
HCPCS	V5060	Hearing aid, monaural, behind the ear
HCPCS	V5090	Dispensing fee, unspecified hearing aid
HCPCS	V5095	Semi-implantable middle ear hearing prosthesis
HCPCS	V5100	Hearing aid, bilateral, body worn
HCPCS	V5110	Dispensing fee, bilateral

Type of Code	Code	Description
HCPCS	V5120	Binaural, body
HCPCS	V5130	Binaural, in the ear
HCPCS	V5140	Binaural, behind the ear
HCPCS	V5160	Dispensing fee, binaural
HCPCS	V5200	Dispensing fee, contralateral, monaural
HCPCS	V5230	Hearing aid, contralateral routing system, binaural, glasses
HCPCS	V5240	Dispensing fee, contralateral routing system, binaural
HCPCS	V5241	Dispensing fee, monaural hearing aid, any type
HCPCS	V5242	Hearing aid, analog, monaural, cic (completely in the ear canal)
HCPCS	V5243	Hearing aid, analog, monaural, itc (in the canal)
HCPCS	V5244	Hearing aid, digitally programmable analog, monaural, CIC
HCPCS	V5245	Hearing aid, digitally programmable, analog, monaural, ITC
HCPCS	V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)
HCPCS	V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)
HCPCS	V5248	Hearing aid, analog, binaural, CIC
HCPCS	V5249	Hearing aid, analog, binaural, ITC
HCPCS	V5250	Hearing aid, digitally programmable analog, binaural, CIC
HCPCS	V5251	Hearing aid, digitally programmable analog, binaural, ITC
HCPCS	V5252	Hearing aid, digitally programmable, binaural, ITE
HCPCS	V5253	Hearing aid, digitally programmable, binaural, BTE
HCPCS	V5254	Hearing aid, digital, monaural, CIC
HCPCS	V5255	Hearing aid, digital, monaural, ITC
HCPCS	V5256	Hearing aid, digital, monaural, ITE
HCPCS	V5257	Hearing aid, digital, monaural, BTE
HCPCS	V5258	Hearing aid, digital, binaural, CIC
HCPCS	V5259	Hearing aid, digital, binaural, ITC

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Type of Code	Code	Description
HCPCS	V5260	Hearing aid, digital, binaural, ITE
HCPCS	V5261	Hearing aid, digital, binaural, BTE
HCPCS	V5264	Ear mold/insert, not disposable, any type
HCPCS	V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)

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